

**State:** District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

**Product Name:** 2019 DC Small Group

**Project Name/Number:** /

## Filing at a Glance

Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Product Name: 2019 DC Small Group

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Date Submitted: 06/01/2018

SERFF Tr Num: KPMA-131465755

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num:

Implementation 01/01/2019

Date Requested:

Author(s): Stephen Chuang, John Xu, Ky Le, Sheebani Patel, Shaunteria Scott

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: District of Columbia

Filing Company: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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- HMO

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## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review &amp; Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type:

Overall Rate Impact:

Filing Status Changed: 06/01/2018

State Status Changed:

Deemer Date:

Created By: Stephen Chuang

Submitted By: Stephen Chuang

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This is the 2019 Small Group rate filing for plans offered on exchange.

## Company and Contact

### Filing Contact Information

Catherine Reifert, Manager

catherine.l.reifert@kp.org

2101 E. Jefferson

301-816-7346 [Phone]

Rockville, MD 20852

301-816-7346 [FAX]

### Filing Company Information

Kaiser Foundation Health Plan of  
the Mid-Atlantic States, Inc.

CoCode: 95639

State of Domicile: Maryland

2101 E Jefferson St.

Group Code:

Company Type: Health

Rockville, MD 20852

Group Name:

Maintenance Organization

(301) 816-6867 ext. [Phone]

FEIN Number: 52-0954463

State ID Number:

## Filing Fees

Fee Required?

No

Retaliatory?

No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2019 DC Small Group		
<b>Project Name/Number:</b>	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	5.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2018
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	KPMA-131011585

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	Neutral	0.000%	0.000%	\$2,108,542	2,356	\$19,219,523	22.000%	-6.900%

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## Rate Review Detail

### COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
HHS Issuer Id: 94506

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
DC Small Group			3472

Trend Factors:

### FORMS:

New Policy Forms:

DC-SG-BRONZE-5600-50-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-19), DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-19), DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-19), DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-19), DC-SG-BRONZE-5600-50-POS-DENTAL-COST(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-19)HIX, DC-SG-BRONZE-5600-50-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1500-0-DHMOPLUS-DENTAL-RX(01-18)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-BRONZE-5600-50-POS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-RX(01-19)HIX

Affected Forms:

Other Affected Forms:

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**TOI/Sub-TOI:** HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

**Product Name:** 2019 DC Small Group

**Project Name/Number:** /

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Quarterly

Member Months: 43,336

Benefit Change: None

Percent Change Requested: Min: -6.9 Max: 22.0 Avg: 0.0

**PRIOR RATE:**

Total Earned Premium: 17,110,324.00

Total Incurred Claims: 15,600,603.00

Annual \$: Min: 169.92 Max: 1,031.13 Avg: 767.88

**REQUESTED RATE:**

Projected Earned Premium: 22,140,634.00

Projected Incurred Claims: 19,219,523.00

Annual \$: Min: 225.51 Max: 998.79 Avg: 382.92

<b>SERFF Tracking #:</b>	KPMA-131465755	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2019 DC Small Group		
<b>Project Name/Number:</b>	/		

## Rate/Rule Schedule

SERFF Tracking #:

KPMA-131465755

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2019 DC Small Group

Project Name/Number:

/

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2019 DC Small Group Rate Sheets	DC-SG-BRONZE-5600-50-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-19), DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-19), DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-19), DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-19), DC-SG-	Revised	Previous State Filing Number: KPMA-131011585 Percent Rate Change Request: 25.9	2019 DC Small Group Rate Tables.pdf,

SERFF Tracking #:

KPMA-131465755

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name:

2019 DC Small Group

Project Name/Number:

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BRONZE-5600-50-POS-DENTAL-COST(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-19)HIX, DC-SG-BRONZE-5600-50-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1500-0-DHMOPLUS-DENTAL-RX(01-18)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-BRONZE-5600-50-POS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-RX(01-19)HIX, DC-

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<b>Product Name:</b>	2019 DC Small Group		
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			SG-SILVER-2500-40-POS-DENTAL-RX(01-19)HIX			
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## Appendix I-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective January 1, 2019  
District of Columbia Small Group Exchange  
Appendix I-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/ISA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$299.50	\$295.46	\$269.69	\$266.78	\$263.72	\$260.24	\$256.31	\$311.48	\$280.48	\$270.65
21	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
22	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
23	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
24	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
25	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
26	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
27	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
28	\$340.72	\$336.12	\$306.80	\$303.49	\$300.01	\$296.05	\$291.58	\$354.34	\$319.08	\$307.89
29	\$348.04	\$343.35	\$313.40	\$310.02	\$306.46	\$302.42	\$297.85	\$361.97	\$325.94	\$314.51
30	\$356.74	\$351.93	\$321.24	\$317.77	\$314.12	\$309.98	\$305.29	\$371.01	\$334.09	\$322.38
31	\$365.90	\$360.97	\$329.48	\$325.92	\$322.19	\$317.94	\$313.13	\$380.54	\$342.66	\$330.65
32	\$374.15	\$369.10	\$336.91	\$333.27	\$329.45	\$325.10	\$320.19	\$389.11	\$350.38	\$338.10
33	\$382.85	\$377.68	\$344.74	\$341.02	\$337.11	\$332.66	\$327.63	\$398.16	\$358.53	\$345.97
34	\$392.01	\$386.72	\$352.99	\$348.18	\$344.62	\$340.62	\$335.47	\$407.69	\$367.11	\$354.24
35	\$401.17	\$395.75	\$361.24	\$357.33	\$353.24	\$348.58	\$343.31	\$417.21	\$375.69	\$362.52
36	\$410.32	\$404.79	\$369.48	\$365.49	\$361.30	\$356.53	\$351.15	\$426.74	\$384.26	\$370.80
37	\$419.48	\$413.83	\$377.73	\$373.65	\$369.37	\$364.49	\$358.99	\$436.26	\$392.84	\$379.07
38	\$424.52	\$418.79	\$382.27	\$378.14	\$373.80	\$368.87	\$363.30	\$441.50	\$397.56	\$383.62
39	\$429.56	\$423.76	\$386.80	\$382.62	\$378.24	\$373.25	\$367.61	\$446.74	\$402.28	\$388.18
40	\$446.50	\$440.48	\$402.06	\$397.72	\$393.16	\$387.97	\$382.11	\$464.36	\$418.14	\$403.49
41	\$463.91	\$457.65	\$417.73	\$413.22	\$408.48	\$403.09	\$397.00	\$482.46	\$434.44	\$419.21
42	\$482.22	\$475.72	\$434.23	\$429.53	\$424.61	\$419.01	\$412.68	\$501.51	\$451.59	\$435.77
43	\$501.00	\$494.24	\$451.13	\$446.26	\$441.14	\$435.32	\$428.74	\$521.04	\$469.18	\$452.74
44	\$520.69	\$513.67	\$468.87	\$463.80	\$458.48	\$452.43	\$445.60	\$541.52	\$487.62	\$470.53
45	\$540.84	\$533.55	\$487.01	\$481.75	\$476.22	\$469.94	\$462.84	\$562.47	\$506.49	\$488.74
46	\$561.91	\$554.33	\$505.98	\$500.51	\$494.77	\$488.25	\$480.87	\$584.38	\$526.22	\$507.78
47	\$583.89	\$576.01	\$525.77	\$520.09	\$514.13	\$507.35	\$499.68	\$607.24	\$546.80	\$527.64
48	\$606.79	\$598.60	\$546.39	\$540.49	\$534.29	\$527.24	\$519.27	\$631.06	\$568.25	\$548.33
49	\$630.60	\$622.09	\$567.83	\$561.70	\$555.26	\$547.93	\$539.65	\$655.82	\$590.55	\$569.85
50	\$655.33	\$646.49	\$590.10	\$583.73	\$577.03	\$569.42	\$560.82	\$681.54	\$613.71	\$592.20
51	\$680.97	\$671.79	\$613.19	\$606.57	\$599.61	\$591.70	\$582.76	\$708.21	\$637.72	\$615.37
52	\$707.54	\$697.99	\$637.11	\$630.23	\$623.00	\$614.78	\$605.49	\$735.84	\$662.60	\$639.37
53	\$735.01	\$725.10	\$661.85	\$654.70	\$647.20	\$638.66	\$629.01	\$764.41	\$688.33	\$664.20
54	\$763.86	\$753.56	\$687.83	\$680.40	\$672.60	\$663.73	\$653.70	\$794.42	\$715.35	\$690.28
55	\$793.63	\$782.93	\$714.64	\$706.92	\$698.81	\$689.59	\$679.17	\$825.38	\$743.22	\$717.18
56	\$824.77	\$813.65	\$742.68	\$734.66	\$726.23	\$716.65	\$705.82	\$857.76	\$772.39	\$745.32
57	\$856.83	\$845.27	\$771.54	\$763.21	\$754.46	\$744.50	\$733.26	\$891.10	\$802.41	\$774.28
58	\$890.26	\$878.25	\$801.65	\$792.99	\$783.89	\$773.55	\$761.86	\$925.87	\$833.71	\$804.49
59	\$925.06	\$912.58	\$832.99	\$823.99	\$814.54	\$803.79	\$791.65	\$962.07	\$866.31	\$835.95
60	\$961.24	\$948.27	\$865.57	\$856.21	\$846.40	\$835.23	\$822.61	\$999.69	\$900.19	\$868.64
61	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
62	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
63	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
64+	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57

## Appendix II-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective April 1, 2019  
District of Columbia Small Group Exchange  
Appendix II-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold HMO Plus 0/10/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$302.39	\$298.31	\$272.29	\$269.35	\$266.26	\$262.75	\$258.78	\$314.48	\$283.18	\$273.26
21	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
22	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
23	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
24	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
25	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
26	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
27	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
28	\$344.00	\$339.36	\$309.76	\$306.41	\$302.90	\$298.90	\$294.39	\$357.75	\$322.15	\$310.86
29	\$351.39	\$346.66	\$316.42	\$313.01	\$309.41	\$305.33	\$300.72	\$365.46	\$329.08	\$317.54
30	\$360.18	\$355.32	\$324.34	\$320.83	\$317.15	\$312.97	\$308.23	\$374.58	\$337.31	\$325.49
31	\$369.43	\$364.45	\$332.65	\$329.06	\$325.29	\$321.00	\$316.15	\$384.21	\$345.96	\$333.84
32	\$377.76	\$372.66	\$340.16	\$336.48	\$332.62	\$328.23	\$323.28	\$392.86	\$353.76	\$341.36
33	\$386.54	\$381.32	\$348.06	\$344.31	\$340.36	\$335.87	\$330.79	\$402.00	\$361.98	\$349.30
34	\$395.79	\$390.45	\$356.39	\$352.54	\$348.50	\$343.90	\$338.70	\$411.62	\$370.65	\$357.65
35	\$405.04	\$399.56	\$364.72	\$360.77	\$356.64	\$351.94	\$346.62	\$421.23	\$379.31	\$366.01
36	\$414.27	\$408.69	\$373.04	\$369.01	\$364.78	\$359.97	\$354.53	\$430.85	\$387.96	\$374.37
37	\$423.52	\$417.82	\$381.37	\$377.25	\$372.93	\$368.00	\$362.45	\$440.46	\$396.63	\$382.72
38	\$428.61	\$422.83	\$385.95	\$381.78	\$377.40	\$372.42	\$366.80	\$445.75	\$401.39	\$387.32
39	\$433.70	\$427.84	\$390.53	\$386.31	\$381.88	\$376.85	\$371.15	\$451.04	\$406.16	\$391.92
40	\$450.80	\$444.72	\$405.93	\$401.55	\$396.95	\$391.71	\$385.79	\$468.83	\$422.17	\$407.38
41	\$468.38	\$462.06	\$421.75	\$417.20	\$412.42	\$406.97	\$400.83	\$487.11	\$438.63	\$423.25
42	\$486.87	\$480.30	\$438.41	\$433.67	\$428.70	\$423.05	\$416.66	\$506.34	\$455.94	\$439.97
43	\$505.83	\$499.00	\$455.48	\$450.56	\$445.39	\$439.51	\$432.87	\$526.06	\$473.70	\$457.10
44	\$525.71	\$518.62	\$473.39	\$468.27	\$462.90	\$456.79	\$449.89	\$546.74	\$492.32	\$475.06
45	\$546.05	\$538.69	\$491.70	\$486.39	\$480.81	\$474.47	\$467.30	\$567.89	\$511.37	\$493.45
46	\$567.32	\$559.67	\$510.86	\$505.33	\$499.54	\$492.95	\$485.50	\$590.01	\$531.29	\$512.67
47	\$589.52	\$581.56	\$530.84	\$525.10	\$519.08	\$512.24	\$504.49	\$613.09	\$552.07	\$532.72
48	\$612.64	\$604.37	\$551.65	\$545.70	\$539.44	\$532.32	\$524.27	\$637.14	\$573.73	\$553.61
49	\$636.68	\$628.08	\$573.30	\$567.11	\$560.61	\$553.21	\$544.85	\$662.14	\$596.24	\$575.34
50	\$661.64	\$652.72	\$595.79	\$589.35	\$582.59	\$574.91	\$566.22	\$688.11	\$619.62	\$597.91
51	\$687.53	\$678.26	\$619.10	\$612.41	\$605.39	\$597.40	\$588.38	\$715.03	\$643.86	\$621.30
52	\$714.36	\$704.72	\$643.25	\$636.30	\$629.00	\$620.70	\$611.32	\$742.93	\$668.98	\$645.53
53	\$742.09	\$732.09	\$668.23	\$661.01	\$653.44	\$644.81	\$635.07	\$771.78	\$694.96	\$670.60
54	\$771.22	\$760.82	\$694.46	\$686.96	\$679.08	\$670.13	\$660.00	\$802.07	\$722.24	\$696.93
55	\$801.28	\$790.47	\$721.53	\$713.73	\$705.54	\$696.23	\$685.71	\$833.33	\$750.38	\$724.09
56	\$832.72	\$821.49	\$749.84	\$741.74	\$733.23	\$723.56	\$712.62	\$866.02	\$779.83	\$752.50
57	\$865.09	\$853.41	\$778.97	\$770.56	\$761.73	\$751.67	\$740.33	\$899.69	\$810.14	\$781.74
58	\$898.84	\$886.71	\$809.37	\$800.63	\$791.44	\$781.00	\$769.20	\$934.79	\$841.74	\$812.24
59	\$933.97	\$921.37	\$841.02	\$831.93	\$822.39	\$811.53	\$799.28	\$971.34	\$874.66	\$844.00
60	\$970.50	\$957.41	\$873.91	\$864.46	\$854.56	\$843.28	\$830.54	\$1,009.32	\$908.86	\$877.01
61	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
62	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
63	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
64+	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27

## Appendix III-A

Platinum	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under
21	\$290.76	\$286.84	\$261.82	\$258.99	\$256.02	\$253.65	\$248.83	\$252.94	\$252.92	\$223.24	\$216.07	\$229.88	\$211.33	\$211.15	\$224.80	\$274.37	\$302.39	\$272.29	\$320.75	\$240.15
22	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
23	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
24	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
25	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
26	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
27	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
28	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
29	\$337.89	\$333.33	\$304.26	\$300.97	\$297.52	\$294.01	\$286.35	\$266.75	\$259.42	\$251.09	\$245.99	\$234.59	\$226.37	\$218.84	\$238.48	\$314.41	\$331.43	\$329.08	\$329.08	\$276.96
30	\$346.34	\$341.66	\$311.86	\$308.49	\$304.99	\$301.49	\$293.85	\$273.41	\$267.80	\$259.52	\$251.72	\$243.51	\$235.12	\$227.82	\$291.59	\$326.81	\$334.34	\$331.98	\$329.08	\$276.96
31	\$350.41	\$345.73	\$316.84	\$313.47	\$309.99	\$306.52	\$298.88	\$278.44	\$272.97	\$264.60	\$256.23	\$247.86	\$239.49	\$232.12	\$300.48	\$327.01	\$334.60	\$332.10	\$329.08	\$276.96
32	\$363.13	\$357.07	\$328.18	\$324.81	\$321.34	\$317.87	\$310.84	\$289.75	\$283.66	\$275.12	\$266.58	\$258.04	\$249.50	\$241.96	\$310.48	\$337.76	\$345.16	\$342.60	\$340.01	\$281.08
33	\$371.68	\$366.07	\$336.69	\$333.32	\$329.95	\$326.58	\$319.55	\$298.46	\$292.37	\$283.83	\$275.29	\$266.75	\$258.21	\$249.67	\$318.22	\$345.50	\$352.87	\$350.31	\$347.74	\$288.08
34	\$380.43	\$375.10	\$345.40	\$342.03	\$338.66	\$335.29	\$328.26	\$307.17	\$301.08	\$292.54	\$284.00	\$275.46	\$266.92	\$258.38	\$326.91	\$354.19	\$361.56	\$359.00	\$356.43	\$296.96
35	\$389.46	\$384.21	\$353.69	\$350.32	\$346.95	\$343.58	\$336.55	\$315.46	\$309.37	\$300.82	\$292.28	\$283.73	\$275.19	\$266.65	\$335.19	\$362.47	\$369.84	\$367.27	\$364.70	\$301.08
36	\$398.36	\$393.07	\$362.54	\$359.17	\$355.80	\$352.43	\$345.40	\$324.31	\$318.22	\$309.67	\$301.12	\$292.58	\$284.03							

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective July 1, 2019  
District of Columbia Small Group Exchange  
Appendix III-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$305.30	\$301.18	\$274.91	\$271.95	\$268.83	\$265.28	\$261.27	\$317.51	\$285.91	\$275.89
21	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
22	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
23	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
24	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
25	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
26	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
27	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
28	\$347.32	\$342.63	\$312.74	\$309.37	\$305.82	\$301.78	\$297.23	\$361.20	\$325.26	\$313.85
29	\$354.78	\$350.00	\$319.47	\$316.02	\$312.39	\$308.28	\$303.62	\$368.98	\$332.25	\$320.60
30	\$363.65	\$358.74	\$327.46	\$323.92	\$320.20	\$315.98	\$311.20	\$378.19	\$340.56	\$328.62
31	\$372.99	\$367.96	\$335.86	\$332.23	\$328.43	\$324.10	\$319.19	\$387.91	\$349.30	\$337.05
32	\$381.39	\$376.25	\$343.43	\$339.72	\$335.83	\$331.40	\$326.39	\$396.64	\$357.16	\$344.65
33	\$390.26	\$384.99	\$351.42	\$347.62	\$343.64	\$339.10	\$333.97	\$405.87	\$365.47	\$352.67
34	\$399.60	\$394.21	\$359.83	\$355.94	\$351.85	\$347.22	\$341.97	\$415.58	\$374.22	\$361.10
35	\$408.94	\$403.41	\$368.23	\$364.25	\$360.08	\$355.33	\$349.96	\$425.29	\$382.96	\$369.54
36	\$418.27	\$412.63	\$376.63	\$372.57	\$368.30	\$363.43	\$357.95	\$435.00	\$391.70	\$377.98
37	\$427.60	\$421.84	\$385.04	\$380.89	\$376.52	\$371.55	\$365.94	\$444.71	\$400.45	\$386.41
38	\$432.74	\$426.90	\$389.67	\$385.46	\$381.04	\$376.01	\$370.33	\$450.05	\$405.26	\$391.05
39	\$437.88	\$431.97	\$394.29	\$390.03	\$385.56	\$380.48	\$374.73	\$455.39	\$410.07	\$395.70
40	\$455.15	\$449.01	\$409.85	\$405.42	\$400.77	\$395.48	\$389.51	\$473.35	\$426.24	\$411.30
41	\$472.89	\$466.51	\$425.82	\$421.22	\$416.39	\$410.90	\$404.69	\$491.80	\$442.85	\$427.33
42	\$491.56	\$484.93	\$442.64	\$437.85	\$432.83	\$427.12	\$420.67	\$511.22	\$460.33	\$444.21
43	\$510.70	\$503.81	\$459.87	\$454.90	\$449.68	\$443.75	\$437.04	\$531.13	\$478.27	\$461.51
44	\$530.77	\$523.62	\$477.95	\$472.78	\$467.36	\$461.19	\$454.23	\$552.01	\$497.06	\$479.64
45	\$551.31	\$543.88	\$496.44	\$491.08	\$485.44	\$479.04	\$471.80	\$573.36	\$516.30	\$498.20
46	\$572.79	\$565.06	\$515.78	\$510.20	\$504.35	\$497.70	\$490.18	\$595.70	\$536.41	\$517.61
47	\$595.20	\$587.16	\$535.95	\$530.16	\$524.09	\$517.17	\$509.36	\$619.00	\$557.39	\$537.86
48	\$618.54	\$610.19	\$556.97	\$550.96	\$544.64	\$537.45	\$529.32	\$643.28	\$579.25	\$558.95
49	\$642.81	\$634.14	\$578.83	\$572.58	\$566.01	\$558.54	\$550.10	\$668.52	\$601.99	\$580.88
50	\$668.02	\$659.01	\$601.53	\$595.03	\$588.20	\$580.45	\$571.68	\$694.74	\$625.59	\$603.67
51	\$694.16	\$684.80	\$625.06	\$618.32	\$611.22	\$603.16	\$594.04	\$721.92	\$650.07	\$627.29
52	\$721.24	\$711.51	\$649.45	\$642.43	\$635.06	\$626.68	\$617.21	\$750.09	\$675.43	\$651.75
53	\$749.24	\$739.14	\$674.67	\$667.38	\$659.73	\$651.03	\$641.19	\$779.21	\$701.66	\$677.06
54	\$778.65	\$768.15	\$701.15	\$693.58	\$685.62	\$676.58	\$666.36	\$809.80	\$729.20	\$703.65
55	\$809.00	\$798.09	\$728.48	\$720.61	\$712.34	\$702.94	\$692.32	\$841.36	\$757.61	\$731.07
56	\$840.74	\$829.41	\$757.06	\$748.89	\$740.29	\$730.53	\$719.49	\$874.37	\$787.35	\$759.75
57	\$873.42	\$861.64	\$786.48	\$777.99	\$769.07	\$758.92	\$747.46	\$908.35	\$817.95	\$789.27
58	\$907.50	\$895.26	\$817.17	\$808.35	\$799.07	\$788.53	\$776.61	\$943.80	\$849.85	\$820.07
59	\$942.97	\$930.25	\$849.12	\$839.95	\$830.31	\$819.35	\$806.98	\$980.70	\$883.08	\$852.14
60	\$979.85	\$966.63	\$882.33	\$872.79	\$862.79	\$851.40	\$838.54	\$1,019.05	\$917.62	\$885.46
61	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
62	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
63	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
64+	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**Rates effective October 1, 2019**

## District of Columbia Small Group Exchange

## Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Age	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver	NP FC Gold Silver
20 and Under	\$293.56	\$289.60	\$264.35	\$261.49	\$258.49	\$255.08	\$251.22	\$233.14	\$231.75	\$231.75	\$231.24	\$225.39	\$218.16	\$213.37	\$213.19	\$210.98	\$212.09	\$207.02	\$305.31	\$265.28
21	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
22	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
23	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
24	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
25	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
26	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
27	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
28	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
29	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
30	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
31	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
32	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
33	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
34	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
35	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
36	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
37	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
38	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
39	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
40	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
41	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
42	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
43	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
44	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
45	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
46	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
47	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
48	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
49	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
50	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
51	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
52	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
53	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
54	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
55	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
56	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
57	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
58	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
59	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
60	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
61	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
62	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
63	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89
64	\$326.33	\$321.93	\$293.85	\$290.67	\$287.34	\$283.58	\$279.27	\$259.17	\$257.62	\$258.54	\$254.51	\$248.19	\$242.51	\$237.19	\$236.19	\$234.19	\$228.01	\$224.75	\$324.61	\$284.89

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective October 1, 2019  
District of Columbia Small Group Exchange  
Appendix IV-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$308.24	\$304.08	\$277.56	\$274.57	\$271.42	\$267.84	\$263.79	\$320.57	\$288.67	\$278.55
21	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
22	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
23	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
24	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
25	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
26	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
27	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
28	\$350.66	\$345.93	\$315.75	\$312.35	\$308.77	\$304.69	\$300.09	\$364.68	\$328.39	\$316.88
29	\$358.20	\$353.37	\$322.55	\$319.07	\$315.40	\$311.25	\$306.54	\$372.53	\$335.45	\$323.69
30	\$367.15	\$362.20	\$330.62	\$327.04	\$323.29	\$319.03	\$314.20	\$381.84	\$343.84	\$331.79
31	\$376.58	\$371.51	\$339.10	\$335.43	\$331.59	\$327.22	\$322.27	\$391.65	\$352.66	\$340.30
32	\$385.07	\$379.87	\$346.74	\$343.00	\$339.07	\$334.59	\$329.53	\$400.47	\$360.61	\$347.97
33	\$394.02	\$388.70	\$354.80	\$350.97	\$346.95	\$342.37	\$337.19	\$409.78	\$368.99	\$356.07
34	\$403.45	\$398.01	\$363.29	\$359.37	\$355.24	\$350.56	\$345.26	\$419.59	\$377.82	\$364.58
35	\$412.88	\$407.30	\$371.78	\$367.76	\$363.55	\$358.75	\$353.33	\$429.39	\$386.65	\$373.10
36	\$422.30	\$416.60	\$380.26	\$376.16	\$371.84	\$366.94	\$361.40	\$439.19	\$395.47	\$381.62
37	\$431.72	\$425.91	\$388.75	\$384.56	\$380.15	\$375.13	\$369.47	\$448.99	\$404.31	\$390.13
38	\$436.91	\$431.01	\$393.43	\$389.18	\$384.71	\$379.64	\$373.90	\$454.39	\$409.16	\$394.82
39	\$442.10	\$436.13	\$398.09	\$393.79	\$389.28	\$384.14	\$378.34	\$459.78	\$414.02	\$399.51
40	\$459.53	\$453.34	\$413.79	\$409.33	\$404.63	\$399.29	\$393.26	\$477.91	\$430.34	\$415.27
41	\$477.45	\$471.01	\$429.92	\$425.28	\$420.40	\$414.85	\$408.59	\$496.54	\$447.12	\$431.44
42	\$496.29	\$489.60	\$446.90	\$442.07	\$437.00	\$431.24	\$424.72	\$516.15	\$464.77	\$448.49
43	\$515.62	\$508.66	\$464.30	\$459.28	\$454.01	\$448.03	\$441.25	\$536.25	\$482.87	\$465.95
44	\$535.89	\$528.66	\$482.55	\$477.34	\$471.86	\$465.63	\$458.61	\$557.32	\$501.85	\$484.26
45	\$556.62	\$549.12	\$501.22	\$495.81	\$490.12	\$483.66	\$476.35	\$578.89	\$521.27	\$503.00
46	\$578.31	\$570.51	\$520.75	\$515.12	\$509.21	\$502.50	\$494.90	\$601.44	\$541.58	\$522.60
47	\$600.93	\$592.82	\$541.11	\$535.27	\$529.14	\$522.16	\$514.26	\$624.96	\$562.76	\$543.04
48	\$624.50	\$616.07	\$562.34	\$556.26	\$549.88	\$542.63	\$534.43	\$649.48	\$584.83	\$564.33
49	\$649.00	\$640.25	\$584.40	\$578.09	\$571.47	\$563.92	\$555.40	\$674.96	\$607.79	\$586.48
50	\$674.46	\$665.36	\$607.32	\$600.77	\$593.87	\$586.04	\$577.19	\$701.43	\$631.62	\$609.48
51	\$700.84	\$691.40	\$631.09	\$624.27	\$617.11	\$608.97	\$599.77	\$728.88	\$656.33	\$633.33
52	\$728.19	\$718.36	\$655.70	\$648.62	\$641.18	\$632.72	\$623.16	\$757.32	\$681.94	\$658.03
53	\$756.46	\$746.26	\$681.17	\$673.81	\$666.09	\$657.30	\$647.37	\$786.72	\$708.42	\$683.59
54	\$786.15	\$775.55	\$707.90	\$700.26	\$692.23	\$683.10	\$672.78	\$817.61	\$736.23	\$710.43
55	\$816.79	\$805.78	\$735.50	\$727.55	\$719.21	\$709.72	\$698.99	\$849.47	\$764.91	\$738.11
56	\$848.84	\$837.40	\$764.36	\$756.10	\$747.43	\$737.57	\$726.42	\$882.79	\$794.93	\$767.07
57	\$881.84	\$869.94	\$794.06	\$785.48	\$776.48	\$766.23	\$754.66	\$917.11	\$825.83	\$796.88
58	\$916.24	\$903.88	\$825.05	\$816.13	\$806.77	\$796.13	\$784.10	\$952.89	\$858.04	\$827.97
59	\$952.06	\$939.21	\$857.30	\$848.04	\$838.31	\$827.25	\$814.75	\$990.15	\$891.59	\$860.35
60	\$989.29	\$975.95	\$890.83	\$881.20	\$871.10	\$859.61	\$846.62	\$1,028.87	\$926.46	\$893.99
61	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
62	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
63	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
64+	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2019 DC Small Group		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	DC 2019 Small Group Actuarial Memorandum and Exhibits_v1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	DC 2019 Small Group Actuarial Memorandum and Exhibits_v1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	DC 2019 Small Group Actuarial Memorandum and Exhibits_v1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC 2019 Small Group Rate Filing Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2019 DC Small Group		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	Kaiser SG DC Actuarial_Memo_Dataset_2019_outgoing_v1.pdf Kaiser SG DC Actuarial_Memo_Dataset_2019_outgoing_v1.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	Unified_Rate_Review_Template_2019_DC_SG_v1.pdf Unified_Rate_Review_Template_2019_DC_SG_v1.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2019_DC_SG_Part_II_Justification_Plain_Language_Summary.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	AV Screenshots
<b>Comments:</b>	
<b>Attachment(s):</b>	2019 DC SG AV Screens 06012018.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
<b>TOI/Sub-TOI:</b>	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
<b>Product Name:</b>	2019 DC Small Group		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	DC Rate Filing Checklist
<b>Comments:</b>	
<b>Attachment(s):</b>	2019_DC_KPIF_SG_rate_filing_checklist_v1.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

KPMA-131465755

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: 2019 DC Small Group

Project Name/Number: /

***Attachment Kaiser SG DC Actuarial\_Memo\_Dataset\_2019\_outgoing\_v1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Unified\_Rate\_Review\_Template\_2019\_DC\_SG\_v1.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2019 DC SG AV Screens 06012018.xlsx is not a PDF document and cannot be reproduced here.***

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**District of Columbia**  
**2019 Small Group Rate Filing**  
**HIOS Issuer ID 94506**  
**HIOS Product ID 94506DC035, 94506DC036**

**Form Numbers** DC-SG-BRONZE-5600-50-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-19), DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-19), DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-19), DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-19), DC-SG-BRONZE-5600-50-POS-DENTAL-COST(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-19)HIX, DC-SG-BRONZE-5600-50-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1500-0-DHMOPLUS-DENTAL-RX(01-18)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-BRONZE-5600-50-POS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-RX(01-19)HIX

## Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

### Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 25.9%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2019/2018
Based Period Experience	1.336
Base Period Utilization Copay	1.004
Pricing Trend	1.003
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	0.942
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	0.999
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
<b>Total Market Adjusted Index Rate Change</b>	<b>125.9%</b>

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

## **Experience Period Claims**

### *Base period data:*

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used:  $\sqrt{(\text{experience period members} / 2,000)}$ .

### *Capitations:*

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9. In 2018 and 2019, KHFP will have a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

### *Incurred Estimates on External Expense:*

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

### *Premium:*

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

## **Part I Unified Rate Review Template**

### *Base Period Experience:*

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

### *Benefit Categories:*

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

*Morbidity and Other Adjustments:*

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

*Paid to Allowed Ratio:*

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

*Estimated Average Annual Premium per Policy:*

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,073.09.

**Risk Adjustment**

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift

among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

### Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

### Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

### Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> 2019 effective dates. These adjustments are based on an annual trend of 3.9%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,307	294	478	925	
Trend	3.9%	3.9%	3.9%	3.9%	
Months	24	27	30	33	
	1.081	1.092	1.103	1.113	<b>Proj Index Adj for Small Group</b>
					<b>1.011</b>

### Profit and Risk Margin

As mentioned above, the capital contribution of -35.12%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

### Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 8.

### **Projected Loss Ratio**

Based on a target admin percentage of -15.20%, which includes a -35.12% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 117.2%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

### **Market Adjusted Index Rate**

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

#### *Utilization copayment effect adjustment:*

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

#### *Demographic Adjustment:*

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

#### *Embedded Pediatric Dental Adjustment:*

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

#### *Trend:*

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Small Group is 3.9% and is shown in Exhibit 6 of our filing.

### **Alternative AV Calculations**

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to

children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

### **Network Adjustment**

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

### **Non-EHB**

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

### **Contract limit of 3 Children factor**

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

### **Additional URRT Items**

*Membership Projections:*

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

*Terminated Plans:*

Plans were included in the experience period that will be terminated prior to the effective date:  
KP DC Gold 1500/30/HSA/Dental/Ped Dental

Plans were available after the experience period that will be terminated prior to the effective date:  
None

*Warning Alert:*

There are no warning alerts in Wk2 of the URRT

**Summary Rate Calculation**

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

**Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 – Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1<sup>st</sup> Quarter 2019 Signature Network Rate Sheet
- Appendix I-B - 1<sup>st</sup> Quarter 2019 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2019 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2019 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2019 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2019 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2019 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2019 Select Network Rate Sheet

### **Certification**

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA  
Actuarial Manager  
Kaiser Foundation Health Plan, Inc.  
4/27/2018

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 1**  
**Year to Year Change in Market Adjusted Index Rate**

(1)	<b>2018 Market Adjusted Index Rate</b>	<b>\$393.05</b>
(2)	Base Experience	1.336
(3)	Annualized Trend	1.003
(4)	Change in Average Utilization	1.050
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	0.999
(8)	Risk Adjustment Transfer	0.942
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.000</u>
(12)	<b>2019 Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 2**  
**Index Rate and Market Index Rate Development**

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$447.52
(2) Exhibit 4	Non-EHB Claims Adjustment	0.985
(3) = (1)*(2)	<b>Experience Period Index Rate PMPM</b>	<b>\$440.61</b>
(4) Exhibit 8	Annualized Trend - Claims Expenses	3.91%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.080
(7) Exhibit 5	Change in Average Utilization	0.993
(8) Exhibit 6	Change in Demographics	1.001
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.006
(11) = (3)x(6)x(7)x(8)x(9)x(10)	<b>Projected Index Rate</b>	<b>\$475.51</b>
(12) Exhibit 13	Risk Adjustment Transfer	1.079
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	<b>Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Allowed Claims Development**  
**Exhibit 3**

Current Pool	Current Plans	Member Months	Total
Individual	All	35,849	\$449.63
Small Group	All	43,336	\$445.78
Grand Total		79,185	\$447.52

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Non-EHB Adjustments**  
**Exhibit 4**

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	35,849	\$6.94
Small Group	All	43,336	\$6.89
Grand Total		79,185	\$6.92

Multiplier to Remove Non-EHB [ 1 - (Non-EHB PMPM / Allowed PMPM)]	0.985
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Utilization Copayment Effect Adjustment**  
**Exhibit 5**

<b>Current Pool</b>	<b>Current Plan</b>	<b>Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	35,849	\$449.63	0.869
Small Group	All	43,336	\$445.78	0.909
Grand Total		79,185	\$447.52	0.891

<b>Projected Pool</b>	<b>Projected Plan</b>	<b>Projected Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	41,385	\$358.44	0.868
Small Group	All	48,056	\$382.42	0.898
Grand Total		89,441	\$371.32	0.885

Experience to Projection Period Change in Average Utilization

0.993
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Calibration Factor**  
**Exhibit 6**

		Member Months	Average Age Factor <sup>1</sup>	Weighed Average Age <sup>2</sup>
Experience Period	Individual	35849	1.0705	42.4
	Small Group	43336	1.0103	40.9
	Combined	79185	1.0375	41.6
Projection Period	Individual	41385	1.0705	42.4
	Small Group	48056	1.0103	40.9
	Combined	89441	1.0381	41.6
Demographic Factor			1.0006	

<sup>1</sup> Average age factor based on CMS Age curve

<sup>2</sup> Weighted Average Age = Interpolation on age curve of average age factor

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 7**  
**Morbidity Factor**

<b>Component</b>	<b>Members Months</b>	<b>Morbidity</b>
(1) Experience Period	79,185	1.000
(2) Projection Period	79,185	1.000
(3) New Members	10,256	1.000
(4) Total Single Risk Pool	89,441	1.000
(5) Adjustment to remove demographics from morbidity		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 8**  
**Trend Factors**

<b>Category</b>	<b>Weight</b>	<b>Trend</b>	<b>Cost</b>	<b>Utilization</b>
Inpatient Hospital	18.3%	4.3%	2.3%	2.0%
Outpatient Hospital	10.5%	3.8%	1.9%	1.9%
Professional	50.9%	3.0%	1.4%	1.6%
Other	3.1%	2.8%	1.2%	1.6%
Prescription Drug	17.2%	6.3%	5.3%	0.9%
<b>Composite</b>	100.0%	3.9%		

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Risk Adjustment Factor**  
**Exhibit 9**

		Estimated 2017	Assumed Change	Projected 2019
<b>Platinum</b>				
(1)	Risk Adjustment Member Months*	16,218		18,162
(2)	HHS Transfer Factor	0.010	0.0%	0.010
(3)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(4) = (2) x (3)	Transfer PMPM	4.81		4.22
(5) = (1) x (4)	Transfer \$	77,930		76,687
		\$0.00		\$0.00
<b>Gold</b>				
(6)	Risk Adjustment Member Months*	21,285		23,121
(7)	HHS Transfer Factor	(0.119)	0.0%	(0.119)
(8)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(9) = (7) x (8)	Transfer PMPM	(56.74)		(49.86)
(10) = (6) x (9)	Transfer \$	(1,207,705)		(1,152,776)
		\$0.00		\$0.00
<b>Silver</b>				
(11)	Risk Adjustment Member Months*	4,068		4,667
(12)	HHS Transfer Factor	(0.122)	0.0%	(0.122)
(13)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(14) = (12) x (13)	Transfer PMPM	(57.87)		(50.85)
(15) = (11) x (14)	Transfer \$	(235,407)		(237,334)
		\$0.00		\$0.00
<b>Bronze</b>				
(16)	Risk Adjustment Member Months*	1,635		2,105
(17)	HHS Transfer Factor	(0.268)	0.0%	(0.268)
(18)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(19) = (17) x (18)	Transfer PMPM	(127.66)		(112.18)
(20) = (16) x (19)	Transfer \$	(208,675)		(236,174)
		\$0.00		\$0.00
<b>Combined</b>				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	43,205		48,056
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(36.43)		(32.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,573,857)		(1,549,597)
(24) (24)	Total Transfer Allowed (PMPM)	0		(37.15)
(25) (25)	Risk Adjustment factor	0		1.078

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Development of Risk Adjustment Factor Applied to Index Rate**

(26) Adjustment for change in risk in Kaiser membership [assuming no change ]	100.0%
(27) Adjustment for risk adjustment recoveries [ = (25) ]	107.8%
(28) Total Adjustment [ (26) * (27) ]	<b>107.8%</b>
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	107.9%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Administrative Expense Factor - Small Group**  
**Exhibit 10**

<b>Retention Category</b>	<b>Percent of Revenue</b>
Claims Processing	1.0%
Customer Service	1.0%
Taxes	2.0%
Capital Contribution	-35.1%
Member Communication Materials	0.6%
Open Enrollment	1.7%
Utilization Review	2.1%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	6.6%
<b>Total</b>	<b>-15.2%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Contract Limit of 3 Children Factor**  
**Exhibit 11**

	<b>Number of Children</b>	<b>Number of KP Subscribers</b>	<b># of Children Above Rating Cap</b>
(1)	0-3	4,916	0
(2)	4+	25	34
(3) = (2)		# of Non-rated Dependents	34
(4)		Total Members	6,628
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.038
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.040
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 12**  
**Plan Adjusted Index Rate Development**

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.872	0.868	1.000	452.78	0.700	1.000	317.08
2	KP DC Platinum 500/10/Dental	517.98	585.55	1.018	1.003	1.000	0.860	0.868	1.000	446.67	0.700	1.000	312.80
3	KP DC Gold 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.785	0.868	1.000	407.71	0.700	1.000	285.52
4	KP DC Gold 500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.777	0.868	1.000	403.31	0.700	1.000	282.43
5	KP DC Gold 1000/20/Dental	517.98	585.55	1.018	1.003	1.000	0.768	0.868	1.000	398.68	0.700	1.000	279.19
6	KP DC Gold 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.758	0.868	1.000	393.42	0.700	1.000	275.51
7	KP DC Gold 1700/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.746	0.868	1.000	387.48	0.700	1.000	271.35
8	KP DC Silver 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.693	0.868	1.000	359.59	0.700	1.000	251.82
9	KP DC Silver 2500/40/Dental	517.98	585.55	1.018	1.003	1.000	0.688	0.868	1.000	357.44	0.700	1.000	250.31
10	KP DC Silver 2000/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.687	0.868	1.000	356.65	0.700	1.000	249.76
11	KP DC Silver 2500/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.670	0.868	1.000	347.63	0.700	1.000	243.44
12	KP DC Bronze 5600/50/Dental	517.98	585.55	1.018	1.003	1.000	0.648	0.868	1.000	336.47	0.700	1.000	235.63
13	KP DC Bronze 6550/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.634	0.868	1.000	329.09	0.700	1.000	230.46
14	KP DC Bronze 5750/30/20%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.633	0.868	1.000	328.80	0.700	1.000	230.26
15	KP DC Bronze 5600/50/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.689	0.868	1.000	357.97	0.700	1.000	250.69
16	KP DC Silver 2500/40/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.734	0.868	1.000	381.21	0.700	1.000	266.96
17	KP DC Gold 1000/20/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.823	0.868	1.000	427.25	0.700	1.000	299.20
18	KP DC Platinum HMO Plus 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.907	0.868	1.000	470.89	0.700	1.000	329.76
19	KP DC Gold HMO Plus 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.02	0.700	1.000	296.94
20	KP DC Gold DHMO Plus 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.788	0.868	1.000	409.16	0.700	1.000	286.53
21	KP DC Silver DHMO Plus 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.720	0.868	1.000	373.97	0.700	1.000	261.89
22	KP DC Platinum 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.916	0.868	1.000	475.42	0.700	1.000	332.93
23	KP DC Platinum 500/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.903	0.868	1.000	469.00	0.700	1.000	328.44
24	KP DC Platinum HMO Plus 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.825	0.868	1.000	428.10	0.700	1.000	299.79
25	KP DC Gold 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.816	0.868	1.000	423.47	0.700	1.000	296.55
26	KP DC Gold 500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.806	0.868	1.000	418.61	0.700	1.000	293.15
27	KP DC Gold 1000/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.796	0.868	1.000	413.09	0.700	1.000	289.29
28	KP DC Gold 1500/0/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.784	0.868	1.000	406.85	0.700	1.000	284.92
29	KP DC Gold 1700/0%/HSA/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.952	0.868	1.000	494.43	0.700	1.000	346.25
30	KP DC Gold HMO Plus 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.858	0.868	1.000	445.22	0.700	1.000	311.78
31	KP DC Gold DHMO Plus 1500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.827	0.868	1.000	429.62	0.700	1.000	300.86
Average Value		517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.32	0.700	1.000	297.15

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Factors**  
**Exhibit 13**

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective January 1, 2019  
District of Columbia Small Group Exchange  
Appendix I-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/ISA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$299.50	\$295.46	\$269.69	\$266.78	\$263.72	\$260.24	\$256.31	\$311.48	\$280.48	\$270.65
21	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
22	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
23	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
24	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
25	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
26	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
27	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
28	\$340.72	\$336.12	\$306.80	\$303.49	\$300.01	\$296.05	\$291.58	\$354.34	\$319.08	\$307.89
29	\$348.04	\$343.35	\$313.40	\$310.02	\$306.46	\$302.42	\$297.85	\$361.97	\$325.94	\$314.51
30	\$356.74	\$351.93	\$321.24	\$317.77	\$314.12	\$309.98	\$305.29	\$371.01	\$334.09	\$322.38
31	\$365.90	\$360.97	\$329.48	\$325.92	\$322.19	\$317.94	\$313.13	\$380.54	\$342.66	\$330.65
32	\$374.15	\$369.10	\$336.91	\$333.27	\$329.45	\$325.10	\$320.19	\$389.11	\$350.38	\$338.10
33	\$382.85	\$377.68	\$344.74	\$341.02	\$337.11	\$332.66	\$327.63	\$398.16	\$358.53	\$345.97
34	\$392.01	\$386.72	\$352.99	\$348.18	\$344.62	\$340.62	\$335.47	\$407.69	\$367.11	\$354.24
35	\$401.17	\$395.75	\$361.24	\$357.33	\$353.24	\$348.58	\$343.31	\$417.21	\$375.69	\$362.52
36	\$410.32	\$404.79	\$369.48	\$365.49	\$361.30	\$356.53	\$351.15	\$426.74	\$384.26	\$370.80
37	\$419.48	\$413.83	\$377.73	\$373.65	\$369.37	\$364.49	\$358.99	\$436.26	\$392.84	\$379.07
38	\$424.52	\$418.79	\$382.27	\$378.14	\$373.80	\$368.87	\$363.30	\$441.50	\$397.56	\$383.62
39	\$429.56	\$423.76	\$386.80	\$382.62	\$378.24	\$373.25	\$367.61	\$446.74	\$402.28	\$388.18
40	\$446.50	\$440.48	\$402.06	\$397.72	\$393.16	\$387.97	\$382.11	\$464.36	\$418.14	\$403.49
41	\$463.91	\$457.65	\$417.73	\$413.22	\$408.48	\$403.09	\$397.00	\$482.46	\$434.44	\$419.21
42	\$482.22	\$475.72	\$434.23	\$429.53	\$424.61	\$419.01	\$412.68	\$501.51	\$451.59	\$435.77
43	\$501.00	\$494.24	\$451.13	\$446.26	\$441.14	\$435.32	\$428.74	\$521.04	\$469.18	\$452.74
44	\$520.69	\$513.67	\$468.87	\$463.80	\$458.48	\$452.43	\$445.60	\$541.52	\$487.62	\$470.53
45	\$540.84	\$533.55	\$487.01	\$481.75	\$476.22	\$469.94	\$462.84	\$562.47	\$506.49	\$488.74
46	\$561.91	\$554.33	\$505.98	\$500.51	\$494.77	\$488.25	\$480.87	\$584.38	\$526.22	\$507.78
47	\$583.89	\$576.01	\$525.77	\$520.09	\$514.13	\$507.35	\$499.68	\$607.24	\$546.80	\$527.64
48	\$606.79	\$598.60	\$546.39	\$540.49	\$534.29	\$527.24	\$519.27	\$631.06	\$568.25	\$548.33
49	\$630.60	\$622.09	\$567.83	\$561.70	\$555.26	\$547.93	\$539.65	\$655.82	\$590.55	\$569.85
50	\$655.33	\$646.49	\$590.10	\$583.73	\$577.03	\$569.42	\$560.82	\$681.54	\$613.71	\$592.20
51	\$680.97	\$671.79	\$613.19	\$606.57	\$599.61	\$591.70	\$582.76	\$708.21	\$637.72	\$615.37
52	\$707.54	\$697.99	\$637.11	\$630.23	\$623.00	\$614.78	\$605.49	\$735.84	\$662.60	\$639.37
53	\$735.01	\$725.10	\$661.85	\$654.70	\$647.20	\$638.66	\$629.01	\$764.41	\$688.33	\$664.20
54	\$763.86	\$753.56	\$687.83	\$680.40	\$672.60	\$663.73	\$653.70	\$794.42	\$715.35	\$690.28
55	\$793.63	\$782.93	\$714.64	\$706.92	\$698.81	\$689.59	\$679.17	\$825.38	\$743.22	\$717.18
56	\$824.77	\$813.65	\$742.68	\$734.66	\$726.23	\$716.65	\$705.82	\$857.76	\$772.39	\$745.32
57	\$856.83	\$845.27	\$771.54	\$763.21	\$754.46	\$744.50	\$733.26	\$891.10	\$802.41	\$774.28
58	\$890.26	\$878.25	\$801.65	\$792.99	\$783.89	\$773.55	\$761.86	\$925.87	\$833.71	\$804.49
59	\$925.06	\$912.58	\$832.99	\$823.99	\$814.54	\$803.79	\$791.65	\$962.07	\$866.31	\$835.95
60	\$961.24	\$948.27	\$865.57	\$856.21	\$846.40	\$835.23	\$822.61	\$999.69	\$900.19	\$868.64
61	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
62	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
63	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
64+	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective April 1, 2019  
District of Columbia Small Group Exchange  
Appendix II-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold HMO Plus 0/10/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$302.39	\$298.31	\$272.29	\$269.35	\$266.26	\$262.75	\$258.78	\$314.48	\$283.18	\$273.26
21	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
22	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
23	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
24	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
25	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
26	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
27	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
28	\$344.00	\$339.36	\$309.76	\$306.41	\$302.90	\$298.90	\$294.39	\$357.75	\$322.15	\$310.86
29	\$351.39	\$346.66	\$316.42	\$313.01	\$309.41	\$305.33	\$300.72	\$365.46	\$329.08	\$317.54
30	\$360.18	\$355.32	\$324.34	\$320.83	\$317.15	\$312.97	\$308.23	\$374.58	\$337.31	\$325.49
31	\$369.43	\$364.45	\$332.65	\$329.06	\$325.29	\$321.00	\$316.15	\$384.21	\$345.96	\$333.84
32	\$377.76	\$372.66	\$340.16	\$336.48	\$332.62	\$328.23	\$323.28	\$392.86	\$353.76	\$341.36
33	\$386.54	\$381.32	\$348.06	\$344.31	\$340.36	\$335.87	\$330.79	\$402.00	\$361.98	\$349.30
34	\$395.79	\$390.45	\$356.39	\$352.54	\$348.50	\$343.90	\$338.70	\$411.62	\$370.65	\$357.65
35	\$405.04	\$399.56	\$364.72	\$360.77	\$356.64	\$351.94	\$346.62	\$421.23	\$379.31	\$366.01
36	\$414.27	\$408.69	\$373.04	\$369.01	\$364.78	\$359.97	\$354.53	\$430.85	\$387.96	\$374.37
37	\$423.52	\$417.82	\$381.37	\$377.25	\$372.93	\$368.00	\$362.45	\$440.46	\$396.63	\$382.72
38	\$428.61	\$422.83	\$385.95	\$381.78	\$377.40	\$372.42	\$366.80	\$445.75	\$401.39	\$387.32
39	\$433.70	\$427.84	\$390.53	\$386.31	\$381.88	\$376.85	\$371.15	\$451.04	\$406.16	\$391.92
40	\$450.80	\$444.72	\$405.93	\$401.55	\$396.95	\$391.71	\$385.79	\$468.83	\$422.17	\$407.38
41	\$468.38	\$462.06	\$421.75	\$417.20	\$412.42	\$406.97	\$400.83	\$487.11	\$438.63	\$423.25
42	\$486.87	\$480.30	\$438.41	\$433.67	\$428.70	\$423.05	\$416.66	\$506.34	\$455.94	\$439.97
43	\$505.83	\$499.00	\$455.48	\$450.56	\$445.39	\$439.51	\$432.87	\$526.06	\$473.70	\$457.10
44	\$525.71	\$518.62	\$473.39	\$468.27	\$462.90	\$456.79	\$449.89	\$546.74	\$492.32	\$475.06
45	\$546.05	\$538.69	\$491.70	\$486.39	\$480.81	\$474.47	\$467.30	\$567.89	\$511.37	\$493.45
46	\$567.32	\$559.67	\$510.86	\$505.33	\$499.54	\$492.95	\$485.50	\$590.01	\$531.29	\$512.67
47	\$589.52	\$581.56	\$530.84	\$525.10	\$519.08	\$512.24	\$504.49	\$613.09	\$552.07	\$532.72
48	\$612.64	\$604.37	\$551.65	\$545.70	\$539.44	\$532.32	\$524.27	\$637.14	\$573.73	\$553.61
49	\$636.68	\$628.08	\$573.30	\$567.11	\$560.61	\$553.21	\$544.85	\$662.14	\$596.24	\$575.34
50	\$661.64	\$652.72	\$595.79	\$589.35	\$582.59	\$574.91	\$566.22	\$688.11	\$619.62	\$597.91
51	\$687.53	\$678.26	\$619.10	\$612.41	\$605.39	\$597.40	\$588.38	\$715.03	\$643.86	\$621.30
52	\$714.36	\$704.72	\$643.25	\$636.30	\$629.00	\$620.70	\$611.32	\$742.93	\$668.98	\$645.53
53	\$742.09	\$732.09	\$668.23	\$661.01	\$653.44	\$644.81	\$635.07	\$771.78	\$694.96	\$670.60
54	\$771.22	\$760.82	\$694.46	\$686.96	\$679.08	\$670.13	\$660.00	\$802.07	\$722.24	\$696.93
55	\$801.28	\$790.47	\$721.53	\$713.73	\$705.54	\$696.23	\$685.71	\$833.33	\$750.38	\$724.09
56	\$832.72	\$821.49	\$749.84	\$741.74	\$733.23	\$723.56	\$712.62	\$866.02	\$779.83	\$752.50
57	\$865.09	\$853.41	\$778.97	\$770.56	\$761.73	\$751.67	\$740.33	\$899.69	\$810.14	\$781.74
58	\$898.84	\$886.71	\$809.37	\$800.63	\$791.44	\$781.00	\$769.20	\$934.79	\$841.74	\$812.24
59	\$933.97	\$921.37	\$841.02	\$831.93	\$822.39	\$811.53	\$799.28	\$971.34	\$874.66	\$844.00
60	\$970.50	\$957.41	\$873.91	\$864.46	\$854.56	\$843.28	\$830.54	\$1,009.32	\$908.86	\$877.01
61	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
62	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
63	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
64+	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27

## Appendix III-A

Platinum	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under	20 and Under
21	\$290.76	\$286.84	\$261.82	\$258.99	\$256.02	\$253.65	\$248.83	\$252.94	\$252.92	\$223.24	\$216.07	\$229.88	\$211.33	\$211.15	\$224.80	\$274.37	\$302.39	\$272.29	\$320.75	\$240.15
22	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
23	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
24	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
25	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
26	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
27	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
28	\$232.22	\$318.86	\$280.05	\$287.90	\$284.60	\$282.60	\$276.00	\$256.70	\$256.16	\$254.60	\$248.15	\$240.19	\$234.92	\$224.72	\$255.54	\$272.13	\$304.99	\$292.08	\$292.08	\$266.96
29	\$337.89	\$333.33	\$304.26	\$300.97	\$297.52	\$294.01	\$286.35	\$266.75	\$259.42	\$251.09	\$245.99	\$234.59	\$226.37	\$218.84	\$238.48	\$314.41	\$331.43	\$329.08	\$329.08	\$276.96
30	\$346.34	\$341.66	\$311.86	\$308.49	\$304.94	\$301.94	\$296.39	\$273.41	\$267.80	\$255.92	\$245.37	\$231.52	\$217.72	\$208.81	\$291.59	\$326.81	\$334.34	\$331.98	\$329.08	\$276.96
31	\$350.41	\$345.73	\$316.84	\$313.47	\$309.84	\$306.69	\$301.69	\$278.12	\$272.97	\$260.48	\$249.42	\$231.00	\$216.98	\$208.40	\$304.42	\$321.01	\$321.01	\$321.01	\$291.40	\$276.96
32	\$363.33	\$357.07	\$323.55	\$319.84	\$315.62	\$311.84	\$306.75	\$283.17	\$276.88	\$262.92	\$250.14	\$236.77	\$219.18	\$205.82	\$317.76	\$334.16	\$332.40	\$330.01	\$300.01	\$276.96
33	\$371.68	\$366.07	\$334.69	\$330.27	\$325.99	\$321.95	\$318.07	\$295.18	\$285.36	\$276.20	\$260.91	\$243.92	\$224.88	\$211.92	\$326.94	\$344.07	\$335.87	\$333.47	\$308.84	\$276.96
34	\$380.43	\$375.10	\$343.08	\$338.69	\$334.45	\$329.44	\$324.61	\$301.82	\$292.41	\$276.60	\$258.42	\$239.41	\$219.88	\$206.40	\$335.40	\$351.93	\$343.54	\$341.13	\$316.34	\$276.96
35	\$389.46	\$384.21	\$350.69	\$346.93	\$342.93	\$338.44	\$333.29	\$309.31	\$300.46	\$289.42	\$268.91	\$248.07	\$227.62	\$212.62	\$340.04	\$357.50	\$349.04	\$346.54	\$321.48	\$276.96
36	\$398.36	\$392.97	\$358.70	\$354.56	\$350.56	\$345.91	\$340.91	\$316.77	\$307.46	\$295.28	\$274.54	\$253.26	\$231.92							

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective July 1, 2019  
District of Columbia Small Group Exchange  
Appendix III-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$305.30	\$301.18	\$274.91	\$271.95	\$268.83	\$265.28	\$261.27	\$317.51	\$285.91	\$275.89
21	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
22	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
23	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
24	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
25	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
26	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
27	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
28	\$347.32	\$342.63	\$312.74	\$309.37	\$305.82	\$301.78	\$297.23	\$361.20	\$325.26	\$313.85
29	\$354.78	\$350.00	\$319.47	\$316.02	\$312.39	\$308.28	\$303.62	\$368.98	\$332.25	\$320.60
30	\$363.65	\$358.74	\$327.46	\$323.92	\$320.20	\$315.98	\$311.20	\$378.19	\$340.56	\$328.62
31	\$372.99	\$367.96	\$335.86	\$332.23	\$328.43	\$324.10	\$319.19	\$387.91	\$349.30	\$337.05
32	\$381.39	\$376.25	\$343.43	\$339.72	\$335.83	\$331.40	\$326.39	\$396.64	\$357.16	\$344.65
33	\$390.26	\$384.99	\$351.42	\$347.62	\$343.64	\$339.10	\$333.97	\$405.87	\$365.47	\$352.67
34	\$399.60	\$394.21	\$359.83	\$355.94	\$351.85	\$347.22	\$341.97	\$415.58	\$374.22	\$361.10
35	\$408.94	\$403.41	\$368.23	\$364.25	\$360.08	\$355.33	\$349.96	\$425.29	\$382.96	\$369.54
36	\$418.27	\$412.63	\$376.63	\$372.57	\$368.30	\$363.43	\$357.95	\$435.00	\$391.70	\$377.98
37	\$427.60	\$421.84	\$385.04	\$380.89	\$376.52	\$371.55	\$365.94	\$444.71	\$400.45	\$386.41
38	\$432.74	\$426.90	\$389.67	\$385.46	\$381.04	\$376.01	\$370.33	\$450.05	\$405.26	\$391.05
39	\$437.88	\$431.97	\$394.29	\$390.03	\$385.56	\$380.48	\$374.73	\$455.39	\$410.07	\$395.70
40	\$455.15	\$449.01	\$409.85	\$405.42	\$400.77	\$395.48	\$389.51	\$473.35	\$426.24	\$411.30
41	\$472.89	\$466.51	\$425.82	\$421.22	\$416.39	\$410.90	\$404.69	\$491.80	\$442.85	\$427.33
42	\$491.56	\$484.93	\$442.64	\$437.85	\$432.83	\$427.12	\$420.67	\$511.22	\$460.33	\$444.21
43	\$510.70	\$503.81	\$459.87	\$454.90	\$449.68	\$443.75	\$437.04	\$531.13	\$478.27	\$461.51
44	\$530.77	\$523.62	\$477.95	\$472.78	\$467.36	\$461.19	\$454.23	\$552.01	\$497.06	\$479.64
45	\$551.31	\$543.88	\$496.44	\$491.08	\$485.44	\$479.04	\$471.80	\$573.36	\$516.30	\$498.20
46	\$572.79	\$565.06	\$515.78	\$510.20	\$504.35	\$497.70	\$490.18	\$595.70	\$536.41	\$517.61
47	\$595.20	\$587.16	\$535.95	\$530.16	\$524.09	\$517.17	\$509.36	\$619.00	\$557.39	\$537.86
48	\$618.54	\$610.19	\$556.97	\$550.96	\$544.64	\$537.45	\$529.32	\$643.28	\$579.25	\$558.95
49	\$642.81	\$634.14	\$578.83	\$572.58	\$566.01	\$558.54	\$550.10	\$668.52	\$601.99	\$580.88
50	\$668.02	\$659.01	\$601.53	\$595.03	\$588.20	\$580.45	\$571.68	\$694.74	\$625.59	\$603.67
51	\$694.16	\$684.80	\$625.06	\$618.32	\$611.22	\$603.16	\$594.04	\$721.92	\$650.07	\$627.29
52	\$721.24	\$711.51	\$649.45	\$642.43	\$635.06	\$626.68	\$617.21	\$750.09	\$675.43	\$651.75
53	\$749.24	\$739.14	\$674.67	\$667.38	\$659.73	\$651.03	\$641.19	\$779.21	\$701.66	\$677.06
54	\$778.65	\$768.15	\$701.15	\$693.58	\$685.62	\$676.58	\$666.36	\$809.80	\$729.20	\$703.65
55	\$809.00	\$798.09	\$728.48	\$720.61	\$712.34	\$702.94	\$692.32	\$841.36	\$757.61	\$731.07
56	\$840.74	\$829.41	\$757.06	\$748.89	\$740.29	\$730.53	\$719.49	\$874.37	\$787.35	\$759.75
57	\$873.42	\$861.64	\$786.48	\$777.99	\$769.07	\$758.92	\$747.46	\$908.35	\$817.95	\$789.27
58	\$907.50	\$895.26	\$817.17	\$808.35	\$799.07	\$788.53	\$776.61	\$943.80	\$849.85	\$820.07
59	\$942.97	\$930.25	\$849.12	\$839.95	\$830.31	\$819.35	\$806.98	\$980.70	\$883.08	\$852.14
60	\$979.85	\$966.63	\$882.33	\$872.79	\$862.79	\$851.40	\$838.54	\$1,019.05	\$917.62	\$885.46
61	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
62	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
63	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
64+	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**Rates effective October 1, 2019**

## District of Columbia Small Group Exchange

## Appendix IV-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective October 1, 2019  
District of Columbia Small Group Exchange  
Appendix IV-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$308.24	\$304.08	\$277.56	\$274.57	\$271.42	\$267.84	\$263.79	\$320.57	\$288.67	\$278.55
21	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
22	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
23	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
24	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
25	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
26	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
27	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
28	\$350.66	\$345.93	\$315.75	\$312.35	\$308.77	\$304.69	\$300.09	\$364.68	\$328.39	\$316.88
29	\$358.20	\$353.37	\$322.55	\$319.07	\$315.40	\$311.25	\$306.54	\$372.53	\$335.45	\$323.69
30	\$367.15	\$362.20	\$330.62	\$327.04	\$323.29	\$319.03	\$314.20	\$381.84	\$343.84	\$331.79
31	\$376.58	\$371.51	\$339.10	\$335.43	\$331.59	\$327.22	\$322.27	\$391.65	\$352.66	\$340.30
32	\$385.07	\$379.87	\$346.74	\$343.00	\$339.07	\$334.59	\$329.53	\$400.47	\$360.61	\$347.97
33	\$394.02	\$388.70	\$354.80	\$350.97	\$346.95	\$342.37	\$337.19	\$409.78	\$368.99	\$356.07
34	\$403.45	\$398.01	\$363.29	\$359.37	\$355.24	\$350.56	\$345.26	\$419.59	\$377.82	\$364.58
35	\$412.88	\$407.30	\$371.78	\$367.76	\$363.55	\$358.75	\$353.33	\$429.39	\$386.65	\$373.10
36	\$422.30	\$416.60	\$380.26	\$376.16	\$371.84	\$366.94	\$361.40	\$439.19	\$395.47	\$381.62
37	\$431.72	\$425.91	\$388.75	\$384.56	\$380.15	\$375.13	\$369.47	\$448.99	\$404.31	\$390.13
38	\$436.91	\$431.01	\$393.43	\$389.18	\$384.71	\$379.64	\$373.90	\$454.39	\$409.16	\$394.82
39	\$442.10	\$436.13	\$398.09	\$393.79	\$389.28	\$384.14	\$378.34	\$459.78	\$414.02	\$399.51
40	\$459.53	\$453.34	\$413.79	\$409.33	\$404.63	\$399.29	\$393.26	\$477.91	\$430.34	\$415.27
41	\$477.45	\$471.01	\$429.92	\$425.28	\$420.40	\$414.85	\$408.59	\$496.54	\$447.12	\$431.44
42	\$496.29	\$489.60	\$446.90	\$442.07	\$437.00	\$431.24	\$424.72	\$516.15	\$464.77	\$448.49
43	\$515.62	\$508.66	\$464.30	\$459.28	\$454.01	\$448.03	\$441.25	\$536.25	\$482.87	\$465.95
44	\$535.89	\$528.66	\$482.55	\$477.34	\$471.86	\$465.63	\$458.61	\$557.32	\$501.85	\$484.26
45	\$556.62	\$549.12	\$501.22	\$495.81	\$490.12	\$483.66	\$476.35	\$578.89	\$521.27	\$503.00
46	\$578.31	\$570.51	\$520.75	\$515.12	\$509.21	\$502.50	\$494.90	\$601.44	\$541.58	\$522.60
47	\$600.93	\$592.82	\$541.11	\$535.27	\$529.14	\$522.16	\$514.26	\$624.96	\$562.76	\$543.04
48	\$624.50	\$616.07	\$562.34	\$556.26	\$549.88	\$542.63	\$534.43	\$649.48	\$584.83	\$564.33
49	\$649.00	\$640.25	\$584.40	\$578.09	\$571.47	\$563.92	\$555.40	\$674.96	\$607.79	\$586.48
50	\$674.46	\$665.36	\$607.32	\$600.77	\$593.87	\$586.04	\$577.19	\$701.43	\$631.62	\$609.48
51	\$700.84	\$691.40	\$631.09	\$624.27	\$617.11	\$608.97	\$599.77	\$728.88	\$656.33	\$633.33
52	\$728.19	\$718.36	\$655.70	\$648.62	\$641.18	\$632.72	\$623.16	\$757.32	\$681.94	\$658.03
53	\$756.46	\$746.26	\$681.17	\$673.81	\$666.09	\$657.30	\$647.37	\$786.72	\$708.42	\$683.59
54	\$786.15	\$775.55	\$707.90	\$700.26	\$692.23	\$683.10	\$672.78	\$817.61	\$736.23	\$710.43
55	\$816.79	\$805.78	\$735.50	\$727.55	\$719.21	\$709.72	\$698.99	\$849.47	\$764.91	\$738.11
56	\$848.84	\$837.40	\$764.36	\$756.10	\$747.43	\$737.57	\$726.42	\$882.79	\$794.93	\$767.07
57	\$881.84	\$869.94	\$794.06	\$785.48	\$776.48	\$766.23	\$754.66	\$917.11	\$825.83	\$796.88
58	\$916.24	\$903.88	\$825.05	\$816.13	\$806.77	\$796.13	\$784.10	\$952.89	\$858.04	\$827.97
59	\$952.06	\$939.21	\$857.30	\$848.04	\$838.31	\$827.25	\$814.75	\$990.15	\$891.59	\$860.35
60	\$989.29	\$975.95	\$890.83	\$881.20	\$871.10	\$859.61	\$846.62	\$1,028.87	\$926.46	\$893.99
61	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
62	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
63	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
64+	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**District of Columbia**  
**2019 Small Group Rate Filing**  
**HIOS Issuer ID 94506**  
**HIOS Product ID 94506DC035, 94506DC036**

**Form Numbers** DC-SG-BRONZE-5600-50-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-19), DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-19), DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-19), DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-19), DC-SG-BRONZE-5600-50-POS-DENTAL-COST(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-19)HIX, DC-SG-BRONZE-5600-50-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1500-0-DHMOPLUS-DENTAL-RX(01-18)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-BRONZE-5600-50-POS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-RX(01-19)HIX

## Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

### Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 25.9%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2019/2018
Based Period Experience	1.336
Base Period Utilization Copay	1.004
Pricing Trend	1.003
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	0.942
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	0.999
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
<b>Total Market Adjusted Index Rate Change</b>	<b>125.9%</b>

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

## **Experience Period Claims**

### *Base period data:*

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used:  $\sqrt{(\text{experience period members} / 2,000)}$ .

### *Capitations:*

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9. In 2018 and 2019, KHFP will have a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

### *Incurred Estimates on External Expense:*

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

### *Premium:*

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

## **Part I Unified Rate Review Template**

### *Base Period Experience:*

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

### *Benefit Categories:*

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

*Morbidity and Other Adjustments:*

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

*Paid to Allowed Ratio:*

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

*Estimated Average Annual Premium per Policy:*

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,073.09.

**Risk Adjustment**

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift

among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

### Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

### Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

### Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> 2019 effective dates. These adjustments are based on an annual trend of 3.9%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,307	294	478	925	
Trend	3.9%	3.9%	3.9%	3.9%	
Months	24	27	30	33	
	1.081	1.092	1.103	1.113	<b>Proj Index Adj for Small Group</b>
					<b>1.011</b>

### Profit and Risk Margin

As mentioned above, the capital contribution of -35.12%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

### Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 8.

### **Projected Loss Ratio**

Based on a target admin percentage of -15.20%, which includes a -35.12% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 117.2%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

### **Market Adjusted Index Rate**

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

#### *Utilization copayment effect adjustment:*

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

#### *Demographic Adjustment:*

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

#### *Embedded Pediatric Dental Adjustment:*

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

#### *Trend:*

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Small Group is 3.9% and is shown in Exhibit 6 of our filing.

### **Alternative AV Calculations**

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to

children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

### **Network Adjustment**

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

### **Non-EHB**

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

### **Contract limit of 3 Children factor**

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

### **Additional URRT Items**

*Membership Projections:*

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

*Terminated Plans:*

Plans were included in the experience period that will be terminated prior to the effective date:  
KP DC Gold 1500/30/HSA/Dental/Ped Dental

Plans were available after the experience period that will be terminated prior to the effective date:  
None

*Warning Alert:*

There are no warning alerts in Wk2 of the URRT

**Summary Rate Calculation**

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

**Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 – Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1<sup>st</sup> Quarter 2019 Signature Network Rate Sheet
- Appendix I-B - 1<sup>st</sup> Quarter 2019 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2019 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2019 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2019 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2019 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2019 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2019 Select Network Rate Sheet

### **Certification**

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA  
Actuarial Manager  
Kaiser Foundation Health Plan, Inc.  
4/27/2018

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 1**  
**Year to Year Change in Market Adjusted Index Rate**

(1)	<b>2018 Market Adjusted Index Rate</b>	<b>\$393.05</b>
(2)	Base Experience	1.336
(3)	Annualized Trend	1.003
(4)	Change in Average Utilization	1.050
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	0.999
(8)	Risk Adjustment Transfer	0.942
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.000</u>
(12)	<b>2019 Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 2**  
**Index Rate and Market Index Rate Development**

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$447.52
(2) Exhibit 4	Non-EHB Claims Adjustment	0.985
(3) = (1)*(2)	<b>Experience Period Index Rate PMPM</b>	<b>\$440.61</b>
(4) Exhibit 8	Annualized Trend - Claims Expenses	3.91%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.080
(7) Exhibit 5	Change in Average Utilization	0.993
(8) Exhibit 6	Change in Demographics	1.001
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.006
(11) = (3)x(6)x(7)x(8)x(9)x(10)	<b>Projected Index Rate</b>	<b>\$475.51</b>
(12) Exhibit 13	Risk Adjustment Transfer	1.079
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	<b>Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Allowed Claims Development**  
**Exhibit 3**

Current Pool	Current Plans	Member Months	Total
Individual	All	35,849	\$449.63
Small Group	All	43,336	\$445.78
Grand Total		79,185	\$447.52

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Non-EHB Adjustments**  
**Exhibit 4**

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	35,849	\$6.94
Small Group	All	43,336	\$6.89
Grand Total		79,185	\$6.92

Multiplier to Remove Non-EHB [ 1 - (Non-EHB PMPM / Allowed PMPM)]	0.985
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Utilization Copayment Effect Adjustment**  
**Exhibit 5**

<b>Current Pool</b>	<b>Current Plan</b>	<b>Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	35,849	\$449.63	0.869
Small Group	All	43,336	\$445.78	0.909
Grand Total		79,185	\$447.52	0.891

<b>Projected Pool</b>	<b>Projected Plan</b>	<b>Projected Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	41,385	\$358.44	0.868
Small Group	All	48,056	\$382.42	0.898
Grand Total		89,441	\$371.32	0.885

Experience to Projection Period Change in Average Utilization

0.993
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Calibration Factor**  
**Exhibit 6**

		Member Months	Average Age Factor <sup>1</sup>	Weighed Average Age <sup>2</sup>
Experience Period	Individual	35849	1.0705	42.4
	Small Group	43336	1.0103	40.9
	Combined	79185	1.0375	41.6
Projection Period	Individual	41385	1.0705	42.4
	Small Group	48056	1.0103	40.9
	Combined	89441	1.0381	41.6
Demographic Factor			1.0006	

<sup>1</sup> Average age factor based on CMS Age curve

<sup>2</sup> Weighted Average Age = Interpolation on age curve of average age factor

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 7**  
**Morbidity Factor**

<b>Component</b>	<b>Members Months</b>	<b>Morbidity</b>
(1) Experience Period	79,185	1.000
(2) Projection Period	79,185	1.000
(3) New Members	10,256	1.000
(4) Total Single Risk Pool	89,441	1.000
(5) Adjustment to remove demographics from morbidity		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 8**  
**Trend Factors**

<b>Category</b>	<b>Weight</b>	<b>Trend</b>	<b>Cost</b>	<b>Utilization</b>
Inpatient Hospital	18.3%	4.3%	2.3%	2.0%
Outpatient Hospital	10.5%	3.8%	1.9%	1.9%
Professional	50.9%	3.0%	1.4%	1.6%
Other	3.1%	2.8%	1.2%	1.6%
Prescription Drug	17.2%	6.3%	5.3%	0.9%
<b>Composite</b>	100.0%	3.9%		

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Risk Adjustment Factor**  
**Exhibit 9**

		Estimated 2017	Assumed Change	Projected 2019
<b>Platinum</b>				
(1)	Risk Adjustment Member Months*	16,218		18,162
(2)	HHS Transfer Factor	0.010	0.0%	0.010
(3)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(4) = (2) x (3)	Transfer PMPM	4.81		4.22
(5) = (1) x (4)	Transfer \$	77,930		76,687
		\$0.00		\$0.00
<b>Gold</b>				
(6)	Risk Adjustment Member Months*	21,285		23,121
(7)	HHS Transfer Factor	(0.119)	0.0%	(0.119)
(8)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(9) = (7) x (8)	Transfer PMPM	(56.74)		(49.86)
(10) = (6) x (9)	Transfer \$	(1,207,705)		(1,152,776)
		\$0.00		\$0.00
<b>Silver</b>				
(11)	Risk Adjustment Member Months*	4,068		4,667
(12)	HHS Transfer Factor	(0.122)	0.0%	(0.122)
(13)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(14) = (12) x (13)	Transfer PMPM	(57.87)		(50.85)
(15) = (11) x (14)	Transfer \$	(235,407)		(237,334)
		\$0.00		\$0.00
<b>Bronze</b>				
(16)	Risk Adjustment Member Months*	1,635		2,105
(17)	HHS Transfer Factor	(0.268)	0.0%	(0.268)
(18)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(19) = (17) x (18)	Transfer PMPM	(127.66)		(112.18)
(20) = (16) x (19)	Transfer \$	(208,675)		(236,174)
		\$0.00		\$0.00
<b>Combined</b>				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	43,205		48,056
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(36.43)		(32.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,573,857)		(1,549,597)
(24) (24)	Total Transfer Allowed (PMPM)	0		(37.15)
(25) (25)	Risk Adjustment factor	0		1.078

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Development of Risk Adjustment Factor Applied to Index Rate**

(26) Adjustment for change in risk in Kaiser membership [assuming no change ]	100.0%
(27) Adjustment for risk adjustment recoveries [ = (25) ]	107.8%
(28) Total Adjustment [ (26) * (27) ]	<b>107.8%</b>
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	107.9%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Administrative Expense Factor - Small Group**  
**Exhibit 10**

<b>Retention Category</b>	<b>Percent of Revenue</b>
Claims Processing	1.0%
Customer Service	1.0%
Taxes	2.0%
Capital Contribution	-35.1%
Member Communication Materials	0.6%
Open Enrollment	1.7%
Utilization Review	2.1%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	6.6%
<b>Total</b>	<b>-15.2%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Contract Limit of 3 Children Factor**  
**Exhibit 11**

	<b>Number of Children</b>	<b>Number of KP Subscribers</b>	<b># of Children Above Rating Cap</b>
(1)	0-3	4,916	0
(2)	4+	25	34
(3) = (2)		# of Non-rated Dependents	34
(4)		Total Members	6,628
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.038
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.040
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 12**  
**Plan Adjusted Index Rate Development**

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.872	0.868	1.000	452.78	0.700	1.000	317.08
2	KP DC Platinum 500/10/Dental	517.98	585.55	1.018	1.003	1.000	0.860	0.868	1.000	446.67	0.700	1.000	312.80
3	KP DC Gold 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.785	0.868	1.000	407.71	0.700	1.000	285.52
4	KP DC Gold 500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.777	0.868	1.000	403.31	0.700	1.000	282.43
5	KP DC Gold 1000/20/Dental	517.98	585.55	1.018	1.003	1.000	0.768	0.868	1.000	398.68	0.700	1.000	279.19
6	KP DC Gold 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.758	0.868	1.000	393.42	0.700	1.000	275.51
7	KP DC Gold 1700/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.746	0.868	1.000	387.48	0.700	1.000	271.35
8	KP DC Silver 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.693	0.868	1.000	359.59	0.700	1.000	251.82
9	KP DC Silver 2500/40/Dental	517.98	585.55	1.018	1.003	1.000	0.688	0.868	1.000	357.44	0.700	1.000	250.31
10	KP DC Silver 2000/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.687	0.868	1.000	356.65	0.700	1.000	249.76
11	KP DC Silver 2500/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.670	0.868	1.000	347.63	0.700	1.000	243.44
12	KP DC Bronze 5600/50/Dental	517.98	585.55	1.018	1.003	1.000	0.648	0.868	1.000	336.47	0.700	1.000	235.63
13	KP DC Bronze 6550/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.634	0.868	1.000	329.09	0.700	1.000	230.46
14	KP DC Bronze 5750/30/20%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.633	0.868	1.000	328.80	0.700	1.000	230.26
15	KP DC Bronze 5600/50/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.689	0.868	1.000	357.97	0.700	1.000	250.69
16	KP DC Silver 2500/40/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.734	0.868	1.000	381.21	0.700	1.000	266.96
17	KP DC Gold 1000/20/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.823	0.868	1.000	427.25	0.700	1.000	299.20
18	KP DC Platinum HMO Plus 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.907	0.868	1.000	470.89	0.700	1.000	329.76
19	KP DC Gold HMO Plus 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.02	0.700	1.000	296.94
20	KP DC Gold DHMO Plus 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.788	0.868	1.000	409.16	0.700	1.000	286.53
21	KP DC Silver DHMO Plus 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.720	0.868	1.000	373.97	0.700	1.000	261.89
22	KP DC Platinum 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.916	0.868	1.000	475.42	0.700	1.000	332.93
23	KP DC Platinum 500/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.903	0.868	1.000	469.00	0.700	1.000	328.44
24	KP DC Platinum HMO Plus 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.825	0.868	1.000	428.10	0.700	1.000	299.79
25	KP DC Gold 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.816	0.868	1.000	423.47	0.700	1.000	296.55
26	KP DC Gold 500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.806	0.868	1.000	418.61	0.700	1.000	293.15
27	KP DC Gold 1000/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.796	0.868	1.000	413.09	0.700	1.000	289.29
28	KP DC Gold 1500/0/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.784	0.868	1.000	406.85	0.700	1.000	284.92
29	KP DC Gold 1700/0%/HSA/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.952	0.868	1.000	494.43	0.700	1.000	346.25
30	KP DC Gold HMO Plus 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.858	0.868	1.000	445.22	0.700	1.000	311.78
31	KP DC Gold DHMO Plus 1500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.827	0.868	1.000	429.62	0.700	1.000	300.86
Average Value		517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.32	0.700	1.000	297.15

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Factors**  
**Exhibit 13**

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective January 1, 2019  
District of Columbia Small Group Exchange  
Appendix I-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/ISA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$299.50	\$295.46	\$269.69	\$266.78	\$263.72	\$260.24	\$256.31	\$311.48	\$280.48	\$270.65
21	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
22	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
23	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
24	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
25	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
26	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
27	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
28	\$340.72	\$336.12	\$306.80	\$303.49	\$300.01	\$296.05	\$291.58	\$354.34	\$319.08	\$307.89
29	\$348.04	\$343.35	\$313.40	\$310.02	\$306.46	\$302.42	\$297.85	\$361.97	\$325.94	\$314.51
30	\$356.74	\$351.93	\$321.24	\$317.77	\$314.12	\$309.98	\$305.29	\$371.01	\$334.09	\$322.38
31	\$365.90	\$360.97	\$329.48	\$325.92	\$322.19	\$317.94	\$313.13	\$380.54	\$342.66	\$330.65
32	\$374.15	\$369.10	\$336.91	\$333.27	\$329.45	\$325.10	\$320.19	\$389.11	\$350.38	\$338.10
33	\$382.85	\$377.68	\$344.74	\$341.02	\$337.11	\$332.66	\$327.63	\$398.16	\$358.53	\$345.97
34	\$392.01	\$386.72	\$352.99	\$348.18	\$344.62	\$340.62	\$335.47	\$407.69	\$367.11	\$354.24
35	\$401.17	\$395.75	\$361.24	\$357.33	\$353.24	\$348.58	\$343.31	\$417.21	\$375.69	\$362.52
36	\$410.32	\$404.79	\$369.48	\$365.49	\$361.30	\$356.53	\$351.15	\$426.74	\$384.26	\$370.80
37	\$419.48	\$413.83	\$377.73	\$373.65	\$369.37	\$364.49	\$358.99	\$436.26	\$392.84	\$379.07
38	\$424.52	\$418.79	\$382.27	\$378.14	\$373.80	\$368.87	\$363.30	\$441.50	\$397.56	\$383.62
39	\$429.56	\$423.76	\$386.80	\$382.62	\$378.24	\$373.25	\$367.61	\$446.74	\$402.28	\$388.18
40	\$446.50	\$440.48	\$402.06	\$397.72	\$393.16	\$387.97	\$382.11	\$464.36	\$418.14	\$403.49
41	\$463.91	\$457.65	\$417.73	\$413.22	\$408.48	\$403.09	\$397.00	\$482.46	\$434.44	\$419.21
42	\$482.22	\$475.72	\$434.23	\$429.53	\$424.61	\$419.01	\$412.68	\$501.51	\$451.59	\$435.77
43	\$501.00	\$494.24	\$451.13	\$446.26	\$441.14	\$435.32	\$428.74	\$521.04	\$469.18	\$452.74
44	\$520.69	\$513.67	\$468.87	\$463.80	\$458.48	\$452.43	\$445.60	\$541.52	\$487.62	\$470.53
45	\$540.84	\$533.55	\$487.01	\$481.75	\$476.22	\$469.94	\$462.84	\$562.47	\$506.49	\$488.74
46	\$561.91	\$554.33	\$505.98	\$500.51	\$494.77	\$488.25	\$480.87	\$584.38	\$526.22	\$507.78
47	\$583.89	\$576.01	\$525.77	\$520.09	\$514.13	\$507.35	\$499.68	\$607.24	\$546.80	\$527.64
48	\$606.79	\$598.60	\$546.39	\$540.49	\$534.29	\$527.24	\$519.27	\$631.06	\$568.25	\$548.33
49	\$630.60	\$622.09	\$567.83	\$561.70	\$555.26	\$547.93	\$539.65	\$655.82	\$590.55	\$569.85
50	\$655.33	\$646.49	\$590.10	\$583.73	\$577.03	\$569.42	\$560.82	\$681.54	\$613.71	\$592.20
51	\$680.97	\$671.79	\$613.19	\$606.57	\$599.61	\$591.70	\$582.76	\$708.21	\$637.72	\$615.37
52	\$707.54	\$697.99	\$637.11	\$630.23	\$623.00	\$614.78	\$605.49	\$735.84	\$662.60	\$639.37
53	\$735.01	\$725.10	\$661.85	\$654.70	\$647.20	\$638.66	\$629.01	\$764.41	\$688.33	\$664.20
54	\$763.86	\$753.56	\$687.83	\$680.40	\$672.60	\$663.73	\$653.70	\$794.42	\$715.35	\$690.28
55	\$793.63	\$782.93	\$714.64	\$706.92	\$698.81	\$689.59	\$679.17	\$825.38	\$743.22	\$717.18
56	\$824.77	\$813.65	\$742.68	\$734.66	\$726.23	\$716.65	\$705.82	\$857.76	\$772.39	\$745.32
57	\$856.83	\$845.27	\$771.54	\$763.21	\$754.46	\$744.50	\$733.26	\$891.10	\$802.41	\$774.28
58	\$890.26	\$878.25	\$801.65	\$792.99	\$783.89	\$773.55	\$761.86	\$925.87	\$833.71	\$804.49
59	\$925.06	\$912.58	\$832.99	\$823.99	\$814.54	\$803.79	\$791.65	\$962.07	\$866.31	\$835.95
60	\$961.24	\$948.27	\$865.57	\$856.21	\$846.40	\$835.23	\$822.61	\$999.69	\$900.19	\$868.64
61	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
62	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
63	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
64+	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57

**Rates effective April 1, 2019**  
District of Columbia Small Group Exchange

Арпенко П.А.

Silver

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective April 1, 2019  
District of Columbia Small Group Exchange  
Appendix II-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold HMO Plus 0/10/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$302.39	\$298.31	\$272.29	\$269.35	\$266.26	\$262.75	\$258.78	\$314.48	\$283.18	\$273.26
21	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
22	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
23	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
24	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
25	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
26	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
27	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
28	\$344.00	\$339.36	\$309.76	\$306.41	\$302.90	\$298.90	\$294.39	\$357.75	\$322.15	\$310.86
29	\$351.39	\$346.66	\$316.42	\$313.01	\$309.41	\$305.33	\$300.72	\$365.46	\$329.08	\$317.54
30	\$360.18	\$355.32	\$324.34	\$320.83	\$317.15	\$312.97	\$308.23	\$374.58	\$337.31	\$325.49
31	\$369.43	\$364.45	\$332.65	\$329.06	\$325.29	\$321.00	\$316.15	\$384.21	\$345.96	\$333.84
32	\$377.76	\$372.66	\$340.16	\$336.48	\$332.62	\$328.23	\$323.28	\$392.86	\$353.76	\$341.36
33	\$386.54	\$381.32	\$348.06	\$344.31	\$340.36	\$335.87	\$330.79	\$402.00	\$361.98	\$349.30
34	\$395.79	\$390.45	\$356.39	\$352.54	\$348.50	\$343.90	\$338.70	\$411.62	\$370.65	\$357.65
35	\$405.04	\$399.56	\$364.72	\$360.77	\$356.64	\$351.94	\$346.62	\$421.23	\$379.31	\$366.01
36	\$414.27	\$408.69	\$373.04	\$369.01	\$364.78	\$359.97	\$354.53	\$430.85	\$387.96	\$374.37
37	\$423.52	\$417.82	\$381.37	\$377.25	\$372.93	\$368.00	\$362.45	\$440.46	\$396.63	\$382.72
38	\$428.61	\$422.83	\$385.95	\$381.78	\$377.40	\$372.42	\$366.80	\$445.75	\$401.39	\$387.32
39	\$433.70	\$427.84	\$390.53	\$386.31	\$381.88	\$376.85	\$371.15	\$451.04	\$406.16	\$391.92
40	\$450.80	\$444.72	\$405.93	\$401.55	\$396.95	\$391.71	\$385.79	\$468.83	\$422.17	\$407.38
41	\$468.38	\$462.06	\$421.75	\$417.20	\$412.42	\$406.97	\$400.83	\$487.11	\$438.63	\$423.25
42	\$486.87	\$480.30	\$438.41	\$433.67	\$428.70	\$423.05	\$416.66	\$506.34	\$455.94	\$439.97
43	\$505.83	\$499.00	\$455.48	\$450.56	\$445.39	\$439.51	\$432.87	\$526.06	\$473.70	\$457.10
44	\$525.71	\$518.62	\$473.39	\$468.27	\$462.90	\$456.79	\$449.89	\$546.74	\$492.32	\$475.06
45	\$546.05	\$538.69	\$491.70	\$486.39	\$480.81	\$474.47	\$467.30	\$567.89	\$511.37	\$493.45
46	\$567.32	\$559.67	\$510.86	\$505.33	\$499.54	\$492.95	\$485.50	\$590.01	\$531.29	\$512.67
47	\$589.52	\$581.56	\$530.84	\$525.10	\$519.08	\$512.24	\$504.49	\$613.09	\$552.07	\$532.72
48	\$612.64	\$604.37	\$551.65	\$545.70	\$539.44	\$532.32	\$524.27	\$637.14	\$573.73	\$553.61
49	\$636.68	\$628.08	\$573.30	\$567.11	\$560.61	\$553.21	\$544.85	\$662.14	\$596.24	\$575.34
50	\$661.64	\$652.72	\$595.79	\$589.35	\$582.59	\$574.91	\$566.22	\$688.11	\$619.62	\$597.91
51	\$687.53	\$678.26	\$619.10	\$612.41	\$605.39	\$597.40	\$588.38	\$715.03	\$643.86	\$621.30
52	\$714.36	\$704.72	\$643.25	\$636.30	\$629.00	\$620.70	\$611.32	\$742.93	\$668.98	\$645.53
53	\$742.09	\$732.09	\$668.23	\$661.01	\$653.44	\$644.81	\$635.07	\$771.78	\$694.96	\$670.60
54	\$771.22	\$760.82	\$694.46	\$686.96	\$679.08	\$670.13	\$660.00	\$802.07	\$722.24	\$696.93
55	\$801.28	\$790.47	\$721.53	\$713.73	\$705.54	\$696.23	\$685.71	\$833.33	\$750.38	\$724.09
56	\$832.72	\$821.49	\$749.84	\$741.74	\$733.23	\$723.56	\$712.62	\$866.02	\$779.83	\$752.50
57	\$865.09	\$853.41	\$778.97	\$770.56	\$761.73	\$751.67	\$740.33	\$899.69	\$810.14	\$781.74
58	\$898.84	\$886.71	\$809.37	\$800.63	\$791.44	\$781.00	\$769.20	\$934.79	\$841.74	\$812.24
59	\$933.97	\$921.37	\$841.02	\$831.93	\$822.39	\$811.53	\$799.28	\$971.34	\$874.66	\$844.00
60	\$970.50	\$957.41	\$873.91	\$864.46	\$854.56	\$843.28	\$830.54	\$1,009.32	\$908.86	\$877.01
61	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
62	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
63	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
64+	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27

## Appendix III-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective July 1, 2019  
District of Columbia Small Group Exchange  
Appendix III-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$305.30	\$301.18	\$274.91	\$271.95	\$268.83	\$265.28	\$261.27	\$317.51	\$285.91	\$275.89
21	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
22	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
23	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
24	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
25	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
26	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
27	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
28	\$347.32	\$342.63	\$312.74	\$309.37	\$305.82	\$301.78	\$297.23	\$361.20	\$325.26	\$313.85
29	\$354.78	\$350.00	\$319.47	\$316.02	\$312.39	\$308.28	\$303.62	\$368.98	\$332.25	\$320.60
30	\$363.65	\$358.74	\$327.46	\$323.92	\$320.20	\$315.98	\$311.20	\$378.19	\$340.56	\$328.62
31	\$372.99	\$367.96	\$335.86	\$332.23	\$328.43	\$324.10	\$319.19	\$387.91	\$349.30	\$337.05
32	\$381.39	\$376.25	\$343.43	\$339.72	\$335.83	\$331.40	\$326.39	\$396.64	\$357.16	\$344.65
33	\$390.26	\$384.99	\$351.42	\$347.62	\$343.64	\$339.10	\$333.97	\$405.87	\$365.47	\$352.67
34	\$399.60	\$394.21	\$359.83	\$355.94	\$351.85	\$347.22	\$341.97	\$415.58	\$374.22	\$361.10
35	\$408.94	\$403.41	\$368.23	\$364.25	\$360.08	\$355.33	\$349.96	\$425.29	\$382.96	\$369.54
36	\$418.27	\$412.63	\$376.63	\$372.57	\$368.30	\$363.43	\$357.95	\$435.00	\$391.70	\$377.98
37	\$427.60	\$421.84	\$385.04	\$380.89	\$376.52	\$371.55	\$365.94	\$444.71	\$400.45	\$386.41
38	\$432.74	\$426.90	\$389.67	\$385.46	\$381.04	\$376.01	\$370.33	\$450.05	\$405.26	\$391.05
39	\$437.88	\$431.97	\$394.29	\$390.03	\$385.56	\$380.48	\$374.73	\$455.39	\$410.07	\$395.70
40	\$455.15	\$449.01	\$409.85	\$405.42	\$400.77	\$395.48	\$389.51	\$473.35	\$426.24	\$411.30
41	\$472.89	\$466.51	\$425.82	\$421.22	\$416.39	\$410.90	\$404.69	\$491.80	\$442.85	\$427.33
42	\$491.56	\$484.93	\$442.64	\$437.85	\$432.83	\$427.12	\$420.67	\$511.22	\$460.33	\$444.21
43	\$510.70	\$503.81	\$459.87	\$454.90	\$449.68	\$443.75	\$437.04	\$531.13	\$478.27	\$461.51
44	\$530.77	\$523.62	\$477.95	\$472.78	\$467.36	\$461.19	\$454.23	\$552.01	\$497.06	\$479.64
45	\$551.31	\$543.88	\$496.44	\$491.08	\$485.44	\$479.04	\$471.80	\$573.36	\$516.30	\$498.20
46	\$572.79	\$565.06	\$515.78	\$510.20	\$504.35	\$497.70	\$490.18	\$595.70	\$536.41	\$517.61
47	\$595.20	\$587.16	\$535.95	\$530.16	\$524.09	\$517.17	\$509.36	\$619.00	\$557.39	\$537.86
48	\$618.54	\$610.19	\$556.97	\$550.96	\$544.64	\$537.45	\$529.32	\$643.28	\$579.25	\$558.95
49	\$642.81	\$634.14	\$578.83	\$572.58	\$566.01	\$558.54	\$550.10	\$668.52	\$601.99	\$580.88
50	\$668.02	\$659.01	\$601.53	\$595.03	\$588.20	\$580.45	\$571.68	\$694.74	\$625.59	\$603.67
51	\$694.16	\$684.80	\$625.06	\$618.32	\$611.22	\$603.16	\$594.04	\$721.92	\$650.07	\$627.29
52	\$721.24	\$711.51	\$649.45	\$642.43	\$635.06	\$626.68	\$617.21	\$750.09	\$675.43	\$651.75
53	\$749.24	\$739.14	\$674.67	\$667.38	\$659.73	\$651.03	\$641.19	\$779.21	\$701.66	\$677.06
54	\$778.65	\$768.15	\$701.15	\$693.58	\$685.62	\$676.58	\$666.36	\$809.80	\$729.20	\$703.65
55	\$809.00	\$798.09	\$728.48	\$720.61	\$712.34	\$702.94	\$692.32	\$841.36	\$757.61	\$731.07
56	\$840.74	\$829.41	\$757.06	\$748.89	\$740.29	\$730.53	\$719.49	\$874.37	\$787.35	\$759.75
57	\$873.42	\$861.64	\$786.48	\$777.99	\$769.07	\$758.92	\$747.46	\$908.35	\$817.95	\$789.27
58	\$907.50	\$895.26	\$817.17	\$808.35	\$799.07	\$788.53	\$776.61	\$943.80	\$849.85	\$820.07
59	\$942.97	\$930.25	\$849.12	\$839.95	\$830.31	\$819.35	\$806.98	\$980.70	\$883.08	\$852.14
60	\$979.85	\$966.63	\$882.33	\$872.79	\$862.79	\$851.40	\$838.54	\$1,019.05	\$917.62	\$885.46
61	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
62	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
63	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
64+	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05

## Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**Rates effective October 1, 2019**

## District of Columbia Small Group Exchange

## Appendix IV-A

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective October 1, 2019  
District of Columbia Small Group Exchange  
Appendix IV-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$308.24	\$304.08	\$277.56	\$274.57	\$271.42	\$267.84	\$263.79	\$320.57	\$288.67	\$278.55
21	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
22	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
23	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
24	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
25	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
26	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
27	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
28	\$350.66	\$345.93	\$315.75	\$312.35	\$308.77	\$304.69	\$300.09	\$364.68	\$328.39	\$316.88
29	\$358.20	\$353.37	\$322.55	\$319.07	\$315.40	\$311.25	\$306.54	\$372.53	\$335.45	\$323.69
30	\$367.15	\$362.20	\$330.62	\$327.04	\$323.29	\$319.03	\$314.20	\$381.84	\$343.84	\$331.79
31	\$376.58	\$371.51	\$339.10	\$335.43	\$331.59	\$327.22	\$322.27	\$391.65	\$352.66	\$340.30
32	\$385.07	\$379.87	\$346.74	\$343.00	\$339.07	\$334.59	\$329.53	\$400.47	\$360.61	\$347.97
33	\$394.02	\$388.70	\$354.80	\$350.97	\$346.95	\$342.37	\$337.19	\$409.78	\$368.99	\$356.07
34	\$403.45	\$398.01	\$363.29	\$359.37	\$355.24	\$350.56	\$345.26	\$419.59	\$377.82	\$364.58
35	\$412.88	\$407.30	\$371.78	\$367.76	\$363.55	\$358.75	\$353.33	\$429.39	\$386.65	\$373.10
36	\$422.30	\$416.60	\$380.26	\$376.16	\$371.84	\$366.94	\$361.40	\$439.19	\$395.47	\$381.62
37	\$431.72	\$425.91	\$388.75	\$384.56	\$380.15	\$375.13	\$369.47	\$448.99	\$404.31	\$390.13
38	\$436.91	\$431.01	\$393.43	\$389.18	\$384.71	\$379.64	\$373.90	\$454.39	\$409.16	\$394.82
39	\$442.10	\$436.13	\$398.09	\$393.79	\$389.28	\$384.14	\$378.34	\$459.78	\$414.02	\$399.51
40	\$459.53	\$453.34	\$413.79	\$409.33	\$404.63	\$399.29	\$393.26	\$477.91	\$430.34	\$415.27
41	\$477.45	\$471.01	\$429.92	\$425.28	\$420.40	\$414.85	\$408.59	\$496.54	\$447.12	\$431.44
42	\$496.29	\$489.60	\$446.90	\$442.07	\$437.00	\$431.24	\$424.72	\$516.15	\$464.77	\$448.49
43	\$515.62	\$508.66	\$464.30	\$459.28	\$454.01	\$448.03	\$441.25	\$536.25	\$482.87	\$465.95
44	\$535.89	\$528.66	\$482.55	\$477.34	\$471.86	\$465.63	\$458.61	\$557.32	\$501.85	\$484.26
45	\$556.62	\$549.12	\$501.22	\$495.81	\$490.12	\$483.66	\$476.35	\$578.89	\$521.27	\$503.00
46	\$578.31	\$570.51	\$520.75	\$515.12	\$509.21	\$502.50	\$494.90	\$601.44	\$541.58	\$522.60
47	\$600.93	\$592.82	\$541.11	\$535.27	\$529.14	\$522.16	\$514.26	\$624.96	\$562.76	\$543.04
48	\$624.50	\$616.07	\$562.34	\$556.26	\$549.88	\$542.63	\$534.43	\$649.48	\$584.83	\$564.33
49	\$649.00	\$640.25	\$584.40	\$578.09	\$571.47	\$563.92	\$555.40	\$674.96	\$607.79	\$586.48
50	\$674.46	\$665.36	\$607.32	\$600.77	\$593.87	\$586.04	\$577.19	\$701.43	\$631.62	\$609.48
51	\$700.84	\$691.40	\$631.09	\$624.27	\$617.11	\$608.97	\$599.77	\$728.88	\$656.33	\$633.33
52	\$728.19	\$718.36	\$655.70	\$648.62	\$641.18	\$632.72	\$623.16	\$757.32	\$681.94	\$658.03
53	\$756.46	\$746.26	\$681.17	\$673.81	\$666.09	\$657.30	\$647.37	\$786.72	\$708.42	\$683.59
54	\$786.15	\$775.55	\$707.90	\$700.26	\$692.23	\$683.10	\$672.78	\$817.61	\$736.23	\$710.43
55	\$816.79	\$805.78	\$735.50	\$727.55	\$719.21	\$709.72	\$698.99	\$849.47	\$764.91	\$738.11
56	\$848.84	\$837.40	\$764.36	\$756.10	\$747.43	\$737.57	\$726.42	\$882.79	\$794.93	\$767.07
57	\$881.84	\$869.94	\$794.06	\$785.48	\$776.48	\$766.23	\$754.66	\$917.11	\$825.83	\$796.88
58	\$916.24	\$903.88	\$825.05	\$816.13	\$806.77	\$796.13	\$784.10	\$952.89	\$858.04	\$827.97
59	\$952.06	\$939.21	\$857.30	\$848.04	\$838.31	\$827.25	\$814.75	\$990.15	\$891.59	\$860.35
60	\$989.29	\$975.95	\$890.83	\$881.20	\$871.10	\$859.61	\$846.62	\$1,028.87	\$926.46	\$893.99
61	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
62	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
63	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
64+	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**District of Columbia**  
**2019 Small Group Rate Filing**  
**HIOS Issuer ID 94506**  
**HIOS Product ID 94506DC035, 94506DC036**

**Form Numbers** DC-SG-BRONZE-5600-50-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-COST(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-COST(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-SILVER-2500-30-0%-HSA-DENTAL-HDHP-COST(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-COST(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-COST(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-COST(01-19), DC-SG-GOLD-1500-20-DHMOPLUS-DENTAL-COST(01-19), DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-COST(01-19), DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-COST(01-19), DC-SG-BRONZE-5600-50-POS-DENTAL-COST(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-COST(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-COST(01-19)HIX, DC-SG-BRONZE-5600-50-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1000-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-GOLD-1500-20-DENTAL-DHMO-RX(01-19)HIX, DC-SG-PLATINUM-500-10-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2000-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-SILVER-2500-40-DENTAL-DHMO-RX(01-19)HIX, DC-SG-BRONZE-5750-30-20%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-BRONZE-6550-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-1700-0%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-SILVER-2000-30-25%-HSA-DENTAL-HDHP-RX(01-19)HIX, DC-SG-GOLD-0-20-DENTAL-HMO-RX(01-19)HIX, DC-SG-PLATINUM-0-10-DENTAL-HMO-RX(01-19)HIX, DC-SG-GOLD-0-20-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1500-0-DHMOPLUS-DENTAL-RX(01-18)HIX, DC-SG-PLATINUM-0-10-HMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2000-40-DHMOPLUS-DENTAL-RX(01-19)HIX, DC-SG-BRONZE-5600-50-POS-DENTAL-RX(01-19)HIX, DC-SG-GOLD-1000-20-POS-DENTAL-RX(01-19)HIX, DC-SG-SILVER-2500-40-POS-DENTAL-RX(01-19)HIX

## Actuarial Memorandum

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for Small Groups sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2019. It is intended to comply with the requirements outlined in the DC Health Benefit Exchange Authority's *2018 Carrier Reference Manual* (April 2017, Version 1). It is not intended for any other purpose.

This rate filing applies to forms that are open to new sales and renewals. This filing does not cover grandfathered products that existed prior to March 23, 2010.

KFHP is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans. For purposes of regulation, these are all HMO products.

KFHP will market products to the Individual and Small Group markets through Direct Sales channels and Broker arrangements, as well as on the District of Columbia Marketplace (aka the Exchange). The products are guaranteed issue and guaranteed renewable.

I am the primary contact for this filing. My telephone number is 301-816-6349 and my email address is John.A.Xu@kp.org. Please also include Sheila Schroer on correspondence related to this filing, her email address is Sheila.A.Schroer@kp.org.

### Proposed Rate Increases

The percent increase in the Market Adjusted Index Rate from 2018 to 2019 is 25.9%. The drivers of that change are shown in the table below, which contains all the components of the Market Adjusted Index Rate calculation. The numbers shown are the ratio of the 2019 to the 2018 factor, so a 1.000 indicates no impact on the rate change.

Source of Change	2019/2018
Based Period Experience	1.336
Base Period Utilization Copay	1.004
Pricing Trend	1.003
Morbidity Adjustment	1.000
Risk Adjustment Recoveries	0.942
Reinsurance Recoveries	1.000
Reinsurance Premium	1.000
Average Age Impact	0.996
Additional EHB	0.999
Exchange Fee	1.000
Fixed Cost Adjustment	1.000
<b>Total Market Adjusted Index Rate Change</b>	<b>125.9%</b>

Plan level rate changes are shown in row 26 of Worksheet II in the URRT.

## **Experience Period Claims**

### *Base period data:*

The Revenue Requirement for 2019 for the new ACA plans is developed by accumulating medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Dues Subsidy, ACA plans and Small Group lines of business incurred in 2017 including the incurred but not reported (IBNR) estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2019. Allowed claims for internal services are allocated costs for medical services delivered within our integrated delivery system while allowed claims for external expenses are calculated as incurred plus member cost sharing.

The calendar 2017 base data includes 79,185 members months (average monthly of 6,599) and is therefore considered 100% credible. To determine credibility, the following formula was used:  $\sqrt{(\text{experience period members} / 2,000)}$ .

### *Capitations:*

KHFP has contracted with a dental provider to provide dental care to KFHP members. KFHP pays the provider a fixed capitation of \$1.22 PMPM to cover adult preventative. The \$1.22 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, this benefit is added back as part of the non-EHB adjustment in Exhibit 9. In 2018 and 2019, KHFP will have a new non-EHB service, Cosmetic Dental program, contracted with a dental provider. KFHP pays the provider a fixed capitation of \$0.99 PMPM to cover the cost of this service for Small Group members.

### *Incurred Estimates on External Expense:*

A common reserve tool developed and maintained by KFHP Actuarial Services is used to set KFHP's IBNR reserves. KFHP's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to KFHP's external allowed costs. Most of KFHP's expenses are internal fixed costs, which are allocated and lag in reporting is immaterial.

The completion factors used to complete the base period external claims are taken from KFHP's overall commercial line of business by type of service. The claims are incurred in 2017 and paid through 1/31/2018.

### *Premium:*

Premium was captured for calendar year 2017 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

## **Part I Unified Rate Review Template**

### *Base Period Experience:*

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit 1 line 3. It is the per member per month allowed claims less non-essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16.

### *Benefit Categories:*

The benefit categories in Section II of Worksheet I are mapped based on type of service and place of treatment codes. For example:

<b>Benefit Category</b>	<b>Services</b>
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

*Morbidity and Other Adjustments:*

The morbidity adjustments in Section II Worksheet 1 are developed from row (14) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2019 membership. The development of these factors along with the documentation of these assumptions is included in Exhibit 7.1-7.3.

The “Other” adjustment in Section II Worksheet I is an adjustment to reflect things other than a change in population morbidity, cost trend, and utilization trend.

Also included in the “Other” adjustment is the base period utilization copay effect from Exhibit 4. The adjustment is necessary to convert the base period experience from an average plan allowed amount to the allowed amount for the reference plan. “Other” also includes additional EHB benefits in the projection period.

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

*Paid to Allowed Ratio:*

The Paid to Allowed Average Factor in the Projection Period in Section III of Worksheet I is an average plan factor for the plans listed in Worksheet II. It represents the change from the average benefit plan allowed amount to the average paid amount across the 2019 plans based on weightings in Worksheet 2 of the URRT.

The factor in cell v33 in Worksheet I of the URRT is calculated by weighting the plan design factors in Exhibit 9 by the projected members and allowed costs by plans in rows 82 and 101, respectively, of Worksheet II of the URRT.

*Estimated Average Annual Premium per Policy:*

The estimated average annual premium per policy based on the URRT and SERFF data included in the filing is \$7,073.09.

**Risk Adjustment**

Exhibit 7.1-7.3 documents the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the expected change in morbidity of the members covered by these plans relative to the members in the base period (2017) data. It is also adjusted to reflect the risk adjustment receipts anticipated in the rating period (2019) based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Exhibits 7.2 and 7.3 include the detailed development of risk adjustment factors and the impact on Individual and Small Group separately. Development is included at the metal level and includes the expected enrollment shift

among metal tiers. Then the Risk Adjustment factor for Market Adjusted Index Rate is calculated. This value is used to determine the expected risk adjustment impact to the index rate.

### Reinsurance

The reinsurance contribution for the Federal Reinsurance Program is included in the rate build up and shown as a factor in Exhibit 1, line (19).

Reinsurance is a temporary ACA program. The reinsurance program ended with the 2016 benefit year. Reinsurance does not affect the rates in the projected period (2019).

### Administrative Expense

Retention includes broker commissions, administrative expenses and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount needed to maintain and expand Kaiser's medical center facilities where members receive the majority of their health care. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

### Quarterly Rate Factors

Exhibit 11 contains the quarterly rate factors that will be applied to base rates for 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> 2019 effective dates. These adjustments are based on an annual trend of 3.9%. Kaiser reserves the right to amend this filing with new quarterly factors based on emerging experience and other subsequent events.

In order for the Index Rate in the Projection Period in Wk1 Section III of the URRT to reflect the average quarterly rate, a weighted average trend adjustment based on the assumed distribution of renewals throughout the year has been development.

	Q1	Q2	Q3	Q4	
Members	2,307	294	478	925	
Trend	3.9%	3.9%	3.9%	3.9%	
Months	24	27	30	33	
	1.081	1.092	1.103	1.113	<b>Proj Index Adj for Small Group</b>
					<b>1.011</b>

### Profit and Risk Margin

As mentioned above, the capital contribution of -35.12%, shown in Exhibit 8, is an amount to maintain and expand Kaiser's medical center facilities where members receive the majority of their healthcare. Normally, capital contribution is a positive number, however, in order to make our rates more affordable to our ACA Small group members, we decided to have negative margin and phase in the required rate increase over several years to make the 2019 rates more affordable.

### Taxes and Fees

Administrative expense has been adjusted to reflect the federal PCORI tax and the change in federal health insurance provider tax. The Consolidated Appropriations Act of 2016, Title II, § 201, Moratorium on Annual Fee on Health Insurance Providers, suspends collection of the health insurance provider fee for the 2017 calendar year. Thus, health insurance issuers are not required to pay these fees for 2017. Similarly, enacted on January 22, 2018, H.R. 195, Division D – Suspension of Certain Health-Related Taxes, § 4003, suspends collection of the fee for the 2019 calendar year only.

The amount is shown as percent in Exhibit 8.

### **Projected Loss Ratio**

Based on a target admin percentage of -15.20%, which includes a -35.12% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 117.2%. The ultimate MLR would be expected to be higher due to the allowed adjustments to both claims and premium in the federally prescribed methodology.

### **Market Adjusted Index Rate**

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment described above have been considered in the development and are documented below.

#### *Utilization copayment effect adjustment:*

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

#### *Demographic Adjustment:*

The Demographic Adjustment shown in Exhibit 5 represents the expected change in the average member age from the base period to the projection period. We have assumed that the average age in the projection period is unchanged from the base period. However, due to slight difference in the average age between the Individual and Small group, there is a small change in the combined average age because of different growth in the Individual and Small Group members.

#### *Embedded Pediatric Dental Adjustment:*

KFHP is embedding pediatric dental benefits into its 2019 plans. KFHP will pay a dental provider a fixed per child per month capitation. Exhibit 14 shows the assumptions and development of the index rate adjustment factor to reflect the capitation on a per member per month basis by adjusting the index rate.

#### *Trend:*

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of KFHP's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given KFHP's fixed cost structure, KFHP's projected claims trends fall out of the development of projected budgeted costs. For 2017 to 2019, our projected total annualized medical expense trend for Small Group is 3.9% and is shown in Exhibit 6 of our filing.

### **Alternative AV Calculations**

Plan designs have been changed to waive primary office visit copays for children younger than five. As the AV calculator does not have an adjustment to account for this benefit, we lowered the copay amount 16% by multiplying the actual copay by a factor of 0.84. For example, a \$20 primary office visit copay is entered as \$16.80. The 16% adjustment is based on KFHP data (as a proxy for standard population). Primary care utilization was divided between children under five and all other members. The data showed 16% of primary care visits were attributed to

children under five. I certify the calculation to be actuarially sound. This adjustment is consistent with the factor already filed in prior filings.

Before 2018 rate filing, CCIIO AV calculator did not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). Since 2018, outpatient facility copay option is available in the new AV calculator. We don't need the OP Copay Converter to be used with the AV calculator in 2019 rate filing.

### **AV Pricing Values**

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to KFHP experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 9 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 9 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

### **Network Adjustment**

KFHP provides services to its members in its Signature network in its medical offices and externally with contracted providers. KFHP offers an expanded network of contracted non-KFHP physicians in its Select network. Rates for products with the Select network are adjusted by a factor of 1.05 for HMO to reflect the additional cost. This adjustment is consistent with the factor already filed in prior filings. For the HMO Plus plans, the factor is 1.04, reflecting the cost associated with additional network coverage.

### **Age Factors**

The age factor table used to develop age specific rates is the standard table provided by DISB.

Exhibit 12 shows the development of the age calibration factor. The development starts with the average age in the projection period from Exhibit 5. That age is rounded to the nearest age and the age factor is pulled from the DISB age curve. As described in the Actuarial Memorandum instructions, the ratio of the age factor for the nearest rounded age to the age factor for the average age in the projection period is the age calibration factor used in the rate development.

### **Non-EHB**

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

In the rating period (2019), we added the new adult preventative capitation rate (\$1.28 PMPM) and the new Non-EHB benefit capitation for Cosmetic Dental to the Non-EHB capitation line to calculate the Non-EHB adjustment factor in the rating period.

### **Contract limit of 3 Children factor**

This adjustment from Exhibit 15 represents the revenue amount lost because we will not bill families with more than 3 children under the age of 21, i.e., these families will not be charged for more than three child dependents.

### **Additional URRT Items**

*Membership Projections:*

The total membership projection included across new plans in Section II of Worksheet 2 is consistent with KFHP's expected market share of that growth. Detailed assumptions are presented and documented in Exhibit 7.1-7.3. Projected Membership distribution among metal tiers is based on January 2018 membership distribution.

An assumption is made in Worksheet 2 as to the distribution of members by product based on KFHP's expected distribution of membership by metal level.

*Terminated Plans:*

Plans were included in the experience period that will be terminated prior to the effective date:  
KP DC Gold 1500/30/HSA/Dental/Ped Dental

Plans were available after the experience period that will be terminated prior to the effective date:  
None

*Warning Alert:*

There are no warning alerts in Wk2 of the URRT

**Summary Rate Calculation**

Exhibit 1 shows the development of the Market Adjusted Index Rate from the base period Medical Cost Data. The Plan Adjusted Index Rates are calculated using the Market Adjusted Index Rate and the allowable plan adjustment factors in Exhibit 9. The final 2019 Consumer Adjusted Premium Rates are developed by applying the age slope and age calibration to the Plan Adjusted Index Rates to generate age specific rates.

**Exhibit Table of Contents:**

The following exhibits are included in this filing:

- Exhibit 1 – Market Adjusted Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 – Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustments
- Exhibit 5 – Demographic Adjustment
- Exhibit 6 – Trend Factor
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Administrative Expense
- Exhibit 9 – Plan Adjusted Index Rates Development
- Exhibit 10 – AV Calculator Values
- Exhibit 11 – Quarterly Rate Factors
- Exhibit 12 – Age Calibration
- Exhibit 13 – Age Factors
- Exhibit 14 – Pediatric Dental Adjustment Factor
- Exhibit 15 – Contract Limit of 3 Children Factor
- Appendix I-A - 1<sup>st</sup> Quarter 2019 Signature Network Rate Sheet
- Appendix I-B - 1<sup>st</sup> Quarter 2019 Select Network Rate Sheet
- Appendix II-A - 2nd Quarter 2019 Signature Network Rate Sheet
- Appendix II-B - 2nd Quarter 2019 Select Network Rate Sheet
- Appendix III-A - 3rd Quarter 2019 Signature Network Rate Sheet
- Appendix III-B - 3rd Quarter 2019 Select Network Rate Sheet
- Appendix IV-A - 4th Quarter 2019 Signature Network Rate Sheet
- Appendix IV-B - 4th Quarter 2019 Select Network Rate Sheet

### **Certification**

I, John Xu, an Actuary for Kaiser Foundation Health Plan, Inc. (KFHP) am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans.

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. I further certify:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 156.80(d)(2) were used to generate plan level rates.
3. The percent of total premium that represents EHB included in Worksheet 2, Sections III and IV, was calculated in accordance with actuarial standards of practice.
4. No geographic rating factors were used in the rate development.
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans.

This actuarial opinion is qualified such that the information contained within this filing reflects the District of Columbia and Federal statutes, rules, regulations and guidance as of April 27, 2018. Changes to the applicable regulations, including but not limited to termination of Advanced Premium Tax Credits, Risk Stabilization programs or the Individual Mandate could have a significant impact on rate development. Subsequent changes to these statutes, rules and regulations may make these rates deficient and would necessitate revisions to this filing.



John Xu, FSA, MAAA  
Actuarial Manager  
Kaiser Foundation Health Plan, Inc.  
4/27/2018

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 1**  
**Year to Year Change in Market Adjusted Index Rate**

(1)	<b>2018 Market Adjusted Index Rate</b>	<b>\$393.05</b>
(2)	Base Experience	1.336
(3)	Annualized Trend	1.003
(4)	Change in Average Utilization	1.050
(5)	Change in Demographics	0.996
(6)	Change in Morbidity	1.000
(7)	Embedded Pediatric Dental Factor	0.999
(8)	Risk Adjustment Transfer	0.942
(9)	Exchange Fee	1.000
(10)	Risk Adjustment Fee	1.000
(11)	Other Adjustment	<u>x 1.000</u>
(12)	<b>2019 Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 2**  
**Index Rate and Market Index Rate Development**

Source/Formula	Component	Value
(1) Exhibit 3	Base Period Allowed PMPM	\$447.52
(2) Exhibit 4	Non-EHB Claims Adjustment	0.985
(3) = (1)*(2)	<b>Experience Period Index Rate PMPM</b>	<b>\$440.61</b>
(4) Exhibit 8	Annualized Trend - Claims Expenses	3.91%
(5)	Months of Trend	24
(6) = (1+(4))^(24/12)	Trend Factor	1.080
(7) Exhibit 5	Change in Average Utilization	0.993
(8) Exhibit 6	Change in Demographics	1.001
(9) Exhibit 7	Change in Morbidity	1.000
(10) Exhibit 8	Embedded Pediatric Dental Factor	1.006
(11) = (3)x(6)x(7)x(8)x(9)x(10)	<b>Projected Index Rate</b>	<b>\$475.51</b>
(12) Exhibit 13	Risk Adjustment Transfer	1.079
(13) Exhibit 12	Exchange Fee	1.010
(14) Exhibit 12	Risk Adjustment Fee	1.000
(15) = (11)x(12)x(13)x(14)	<b>Market Adjusted Index Rate</b>	<b>\$517.98</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Allowed Claims Development**  
**Exhibit 3**

Current Pool	Current Plans	Member Months	Total
Individual	All	35,849	\$449.63
Small Group	All	43,336	\$445.78
Grand Total		79,185	\$447.52

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Non-EHB Adjustments**  
**Exhibit 4**

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	35,849	\$6.94
Small Group	All	43,336	\$6.89
Grand Total		79,185	\$6.92

Multiplier to Remove Non-EHB [ 1 - (Non-EHB PMPM / Allowed PMPM)]	0.985
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**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Utilization Copayment Effect Adjustment**  
**Exhibit 5**

<b>Current Pool</b>	<b>Current Plan</b>	<b>Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	35,849	\$449.63	0.869
Small Group	All	43,336	\$445.78	0.909
Grand Total		79,185	\$447.52	0.891

<b>Projected Pool</b>	<b>Projected Plan</b>	<b>Projected Member Months</b>	<b>Allowed Amount</b>	<b>Copay Impact</b>
Individual	All	41,385	\$358.44	0.868
Small Group	All	48,056	\$382.42	0.898
Grand Total		89,441	\$371.32	0.885

Experience to Projection Period Change in Average Utilization

0.993

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Calibration Factor**  
**Exhibit 6**

		Member Months	Average Age Factor <sup>1</sup>	Weighed Average Age <sup>2</sup>
Experience Period	Individual	35849	1.0705	42.4
	Small Group	43336	1.0103	40.9
	Combined	79185	1.0375	41.6
Projection Period	Individual	41385	1.0705	42.4
	Small Group	48056	1.0103	40.9
	Combined	89441	1.0381	41.6
Demographic Factor			1.0006	

<sup>1</sup> Average age factor based on CMS Age curve

<sup>2</sup> Weighted Average Age = Interpolation on age curve of average age factor

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 7**  
**Morbidity Factor**

<b>Component</b>		<b>Members Months</b>	<b>Morbidity</b>
(1)	Experience Period	79,185	1.000
(2)	Projection Period	79,185	1.000
(3)	New Members	10,256	1.000
(4)	Total Single Risk Pool	89,441	1.000
(5)	Adjustment to remove demographics from morbidity		1.000

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 8**  
**Trend Factors**

<b>Category</b>	<b>Weight</b>	<b>Trend</b>	<b>Cost</b>	<b>Utilization</b>
Inpatient Hospital	18.3%	4.3%	2.3%	2.0%
Outpatient Hospital	10.5%	3.8%	1.9%	1.9%
Professional	50.9%	3.0%	1.4%	1.6%
Other	3.1%	2.8%	1.2%	1.6%
Prescription Drug	17.2%	6.3%	5.3%	0.9%
<b>Composite</b>	100.0%	3.9%		

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Risk Adjustment Factor**  
**Exhibit 9**

		Estimated 2017	Assumed Change	Projected 2019
<b>Platinum</b>				
(1)	Risk Adjustment Member Months*	16,218		18,162
(2)	HHS Transfer Factor	0.010	0.0%	0.010
(3)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(4) = (2) x (3)	Transfer PMPM	4.81		4.22
(5) = (1) x (4)	Transfer \$	77,930		76,687
		\$0.00		\$0.00
<b>Gold</b>				
(6)	Risk Adjustment Member Months*	21,285		23,121
(7)	HHS Transfer Factor	(0.119)	0.0%	(0.119)
(8)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(9) = (7) x (8)	Transfer PMPM	(56.74)		(49.86)
(10) = (6) x (9)	Transfer \$	(1,207,705)		(1,152,776)
		\$0.00		\$0.00
<b>Silver</b>				
(11)	Risk Adjustment Member Months*	4,068		4,667
(12)	HHS Transfer Factor	(0.122)	0.0%	(0.122)
(13)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(14) = (12) x (13)	Transfer PMPM	(57.87)		(50.85)
(15) = (11) x (14)	Transfer \$	(235,407)		(237,334)
		\$0.00		\$0.00
<b>Bronze</b>				
(16)	Risk Adjustment Member Months*	1,635		2,105
(17)	HHS Transfer Factor	(0.268)	0.0%	(0.268)
(18)	Statewide Average Premium PMPM	476.26	-12.1%	418.49
(19) = (17) x (18)	Transfer PMPM	(127.66)		(112.18)
(20) = (16) x (19)	Transfer \$	(208,675)		(236,174)
		\$0.00		\$0.00
<b>Combined</b>				
(21) = (1) + (6) + (11) + (16)	Total Risk Adjustment Member Months*	43,205		48,056
(22) = (23) / (21)	Total Transfer Paid (PMPM)	(36.43)		(32.25)
(23) = (5) + (10) + (15) + (20)	Total Transfer Paid	(1,573,857)		(1,549,597)
(24) (24)	Total Transfer Allowed (PMPM)	0		(37.15)
(25) (25)	Risk Adjustment factor	0		1.078

\*Federal member month counting algorithms are not consistent with KFHP counting algorithms. Experience period member months on this exhibit may not match experience periods on other exhibits.

Transfer formula:

$$T = \left[ \frac{PLRS \times IDF \times GCF}{\sum_i (s_i \times PLRS_i \times IDF_i \times GCF_i)} - \frac{AV \times ARF \times IDF \times GCF}{\sum_i (s_i \times AV_i \times ARF_i \times IDF_i \times GCF_i)} \right] \bar{P}$$

**Development of Risk Adjustment Factor Applied to Index Rate**

(26) Adjustment for change in risk in Kaiser membership [assuming no change ]	100.0%
(27) Adjustment for risk adjustment recoveries [ = (25) ]	107.8%
(28) Total Adjustment [ (26) * (27) ]	<b>107.8%</b>
(29) Risk Adjustment Fee \$1.8/12/Avg BAF/ Plan Index Rate	1.0004
(30) Net Risk Adjustment -> Exhibit 1 line 17	107.9%

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Administrative Expense Factor - Small Group**  
**Exhibit 10**

<b>Retention Category</b>	<b>Percent of Revenue</b>
Claims Processing	1.0%
Customer Service	1.0%
Taxes	2.0%
Capital Contribution	-35.1%
Member Communication Materials	0.6%
Open Enrollment	1.7%
Utilization Review	2.1%
Care Management	0.3%
Corporate and Other Overhead	4.8%
Commissions	6.6%
<b>Total</b>	<b>-15.2%</b>

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Contract Limit of 3 Children Factor**  
**Exhibit 11**

	Number of Children	Number of KP Subscribers	# of Children Above Rating Cap
(1)	0-3	4,916	0
(2)	4+	25	34
(3) = (2)		# of Non-rated Dependents	34
(4)		Total Members	6,628
(5)		Age Factor, non-rated dep	0.654
(6)		Age Factor - Total Population	1.038
(7) = $\{[(4) \times (6)] - [(3) \times (5)]\} / [(4) - (3)]$		Age Factor - Rated Population	1.040
(8) = $1 + (3) / [(4) - (3)] \times [(5) / (7)]$		Adjustment Factor	1.003

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Exhibit 12**  
**Plan Adjusted Index Rate Development**

		Allowable Modifiers											
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Plan	Name	Market Adjusted Index Rate	Market Adjusted Index Rate (100% Plan Paid Basis)	Impact of Non-EHB	Impact of Contract Limit 3 Children	Impact of Non-Smoker Status	Pricing AV	Admin	Adjustment for Catastrophic Plans	Plan Adjusted Index Rate	Age Curve Calibration*	Area Curve Calibration	Calibrated Plan Adjusted Index Rate (Age 21 Base Rate)
1	KP DC Platinum 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.872	0.868	1.000	452.78	0.700	1.000	317.08
2	KP DC Platinum 500/10/Dental	517.98	585.55	1.018	1.003	1.000	0.860	0.868	1.000	446.67	0.700	1.000	312.80
3	KP DC Gold 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.785	0.868	1.000	407.71	0.700	1.000	285.52
4	KP DC Gold 500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.777	0.868	1.000	403.31	0.700	1.000	282.43
5	KP DC Gold 1000/20/Dental	517.98	585.55	1.018	1.003	1.000	0.768	0.868	1.000	398.68	0.700	1.000	279.19
6	KP DC Gold 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.758	0.868	1.000	393.42	0.700	1.000	275.51
7	KP DC Gold 1700/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.746	0.868	1.000	387.48	0.700	1.000	271.35
8	KP DC Silver 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.693	0.868	1.000	359.59	0.700	1.000	251.82
9	KP DC Silver 2500/40/Dental	517.98	585.55	1.018	1.003	1.000	0.688	0.868	1.000	357.44	0.700	1.000	250.31
10	KP DC Silver 2000/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.687	0.868	1.000	356.65	0.700	1.000	249.76
11	KP DC Silver 2500/30/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.670	0.868	1.000	347.63	0.700	1.000	243.44
12	KP DC Bronze 5600/50/Dental	517.98	585.55	1.018	1.003	1.000	0.648	0.868	1.000	336.47	0.700	1.000	235.63
13	KP DC Bronze 6550/0%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.634	0.868	1.000	329.09	0.700	1.000	230.46
14	KP DC Bronze 5750/30/20%/HSA/Dental	517.98	585.55	1.018	1.003	1.000	0.633	0.868	1.000	328.80	0.700	1.000	230.26
15	KP DC Bronze 5600/50/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.689	0.868	1.000	357.97	0.700	1.000	250.69
16	KP DC Silver 2500/40/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.734	0.868	1.000	381.21	0.700	1.000	266.96
17	KP DC Gold 1000/20/POS/Dental	517.98	585.55	1.018	1.003	1.000	0.823	0.868	1.000	427.25	0.700	1.000	299.20
18	KP DC Platinum HMO Plus 0/10/Dental	517.98	585.55	1.018	1.003	1.000	0.907	0.868	1.000	470.89	0.700	1.000	329.76
19	KP DC Gold HMO Plus 0/20/Dental	517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.02	0.700	1.000	296.94
20	KP DC Gold DHMO Plus 1500/20/Dental	517.98	585.55	1.018	1.003	1.000	0.788	0.868	1.000	409.16	0.700	1.000	286.53
21	KP DC Silver DHMO Plus 2000/40/Dental	517.98	585.55	1.018	1.003	1.000	0.720	0.868	1.000	373.97	0.700	1.000	261.89
22	KP DC Platinum 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.916	0.868	1.000	475.42	0.700	1.000	332.93
23	KP DC Platinum 500/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.903	0.868	1.000	469.00	0.700	1.000	328.44
24	KP DC Platinum HMO Plus 0/10/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.825	0.868	1.000	428.10	0.700	1.000	299.79
25	KP DC Gold 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.816	0.868	1.000	423.47	0.700	1.000	296.55
26	KP DC Gold 500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.806	0.868	1.000	418.61	0.700	1.000	293.15
27	KP DC Gold 1000/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.796	0.868	1.000	413.09	0.700	1.000	289.29
28	KP DC Gold 1500/0/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.784	0.868	1.000	406.85	0.700	1.000	284.92
29	KP DC Gold 1700/0%/HSA/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.952	0.868	1.000	494.43	0.700	1.000	346.25
30	KP DC Gold HMO Plus 0/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.858	0.868	1.000	445.22	0.700	1.000	311.78
31	KP DC Gold DHMO Plus 1500/20/Dental/Sel	517.98	585.55	1.018	1.003	1.000	0.827	0.868	1.000	429.62	0.700	1.000	300.86
Average Value		517.98	585.55	1.018	1.003	1.000	0.817	0.868	1.000	424.32	0.700	1.000	297.15

**Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.**  
**Market: District of Columbia Small Group**

**Age Factors**  
**Exhibit 13**

Age	Age Slope	Age Factor Indexed to Age 21
20	0.65	0.90
21	0.73	1.00
22	0.73	1.00
23	0.73	1.00
24	0.73	1.00
25	0.73	1.00
26	0.73	1.00
27	0.73	1.00
28	0.74	1.02
29	0.76	1.05
30	0.78	1.07
31	0.80	1.10
32	0.82	1.12
33	0.84	1.15
34	0.86	1.18
35	0.88	1.20
36	0.90	1.23
37	0.92	1.26
38	0.93	1.28
39	0.94	1.29
40	0.98	1.34
41	1.01	1.39
42	1.05	1.45
43	1.09	1.50
44	1.14	1.56
45	1.18	1.62
46	1.23	1.69
47	1.28	1.75
48	1.33	1.82
49	1.38	1.89
50	1.43	1.97
51	1.49	2.05
52	1.55	2.13
53	1.61	2.21
54	1.67	2.29
55	1.73	2.38
56	1.80	2.48
57	1.87	2.57
58	1.94	2.67
59	2.02	2.78
60	2.10	2.89
61	2.18	3.00
62	2.18	3.00
63	2.18	3.00
64+	2.18	3.00

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective January 1, 2019  
District of Columbia Small Group Exchange  
Appendix I-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1500/20/Dental/Sel	KP DC Gold 1700/0%/ISA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$299.50	\$295.46	\$269.69	\$266.78	\$263.72	\$260.24	\$256.31	\$311.48	\$280.48	\$270.65
21	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
22	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
23	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
24	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
25	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
26	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
27	\$332.93	\$328.44	\$299.79	\$296.55	\$293.15	\$289.29	\$284.92	\$346.25	\$311.78	\$300.86
28	\$340.72	\$336.12	\$306.80	\$303.49	\$300.01	\$296.05	\$291.58	\$354.34	\$319.08	\$307.89
29	\$348.04	\$343.35	\$313.40	\$310.02	\$306.46	\$302.42	\$297.85	\$361.97	\$325.94	\$314.51
30	\$356.74	\$351.93	\$321.24	\$317.77	\$314.12	\$309.98	\$305.29	\$371.01	\$334.09	\$322.38
31	\$365.90	\$360.97	\$329.48	\$325.92	\$322.19	\$317.94	\$313.13	\$380.54	\$342.66	\$330.65
32	\$374.15	\$369.10	\$336.91	\$333.27	\$329.45	\$325.10	\$320.19	\$389.11	\$350.38	\$338.10
33	\$382.85	\$377.68	\$344.74	\$341.02	\$337.11	\$332.66	\$327.63	\$398.16	\$358.53	\$345.97
34	\$392.01	\$386.72	\$352.99	\$349.18	\$345.17	\$340.62	\$335.47	\$407.69	\$367.11	\$354.24
35	\$401.17	\$395.75	\$361.24	\$357.33	\$353.24	\$348.58	\$343.31	\$417.21	\$375.69	\$362.52
36	\$410.32	\$404.79	\$369.48	\$365.49	\$361.30	\$356.53	\$351.15	\$426.74	\$384.26	\$370.80
37	\$419.48	\$413.83	\$377.73	\$373.65	\$369.37	\$364.49	\$358.99	\$436.26	\$392.84	\$379.07
38	\$424.52	\$418.79	\$382.27	\$378.14	\$373.80	\$368.87	\$363.30	\$441.50	\$397.56	\$383.62
39	\$429.56	\$423.76	\$386.80	\$382.62	\$378.24	\$373.25	\$367.61	\$446.74	\$402.28	\$388.18
40	\$446.50	\$440.48	\$402.06	\$397.72	\$393.16	\$387.97	\$382.11	\$464.36	\$418.14	\$403.49
41	\$463.91	\$457.65	\$417.73	\$413.22	\$408.48	\$403.09	\$397.00	\$482.46	\$434.44	\$419.21
42	\$482.22	\$475.72	\$434.23	\$429.53	\$424.61	\$419.01	\$412.68	\$501.51	\$451.59	\$435.77
43	\$501.00	\$494.24	\$451.13	\$446.26	\$441.14	\$435.32	\$428.74	\$521.04	\$469.18	\$452.74
44	\$520.69	\$513.67	\$468.87	\$463.80	\$458.48	\$452.43	\$445.60	\$541.52	\$487.62	\$470.53
45	\$540.84	\$533.55	\$487.01	\$481.75	\$476.22	\$469.94	\$462.84	\$562.47	\$506.49	\$488.74
46	\$561.91	\$554.33	\$505.98	\$500.51	\$494.77	\$488.25	\$480.87	\$584.38	\$526.22	\$507.78
47	\$583.89	\$576.01	\$525.77	\$520.09	\$514.13	\$507.35	\$499.68	\$607.24	\$546.80	\$527.64
48	\$606.79	\$598.60	\$546.39	\$540.49	\$534.29	\$527.24	\$519.27	\$631.06	\$568.25	\$548.33
49	\$630.60	\$622.09	\$567.83	\$561.70	\$555.26	\$547.93	\$539.65	\$655.82	\$590.55	\$569.85
50	\$655.33	\$646.49	\$590.10	\$583.73	\$577.03	\$569.42	\$560.82	\$681.54	\$613.71	\$592.20
51	\$680.97	\$671.79	\$613.19	\$606.57	\$599.61	\$591.70	\$582.76	\$708.21	\$637.72	\$615.37
52	\$707.54	\$697.99	\$637.11	\$630.23	\$623.00	\$614.78	\$605.49	\$735.84	\$662.60	\$639.37
53	\$735.01	\$725.10	\$661.85	\$654.70	\$647.20	\$638.66	\$629.01	\$764.41	\$688.33	\$664.20
54	\$763.86	\$753.56	\$687.83	\$680.40	\$672.60	\$663.73	\$653.70	\$794.42	\$715.35	\$690.28
55	\$793.63	\$782.93	\$714.64	\$706.92	\$698.81	\$689.59	\$679.17	\$825.38	\$743.22	\$717.18
56	\$824.77	\$813.65	\$742.68	\$734.66	\$726.23	\$716.65	\$705.82	\$857.76	\$772.39	\$745.32
57	\$856.83	\$845.27	\$771.54	\$763.21	\$754.46	\$744.50	\$733.26	\$891.10	\$802.41	\$774.28
58	\$890.26	\$878.25	\$801.65	\$792.99	\$783.89	\$773.55	\$761.86	\$925.87	\$833.71	\$804.49
59	\$925.06	\$912.58	\$832.99	\$823.99	\$814.54	\$803.79	\$791.65	\$962.07	\$866.31	\$835.95
60	\$961.24	\$948.27	\$865.57	\$856.21	\$846.40	\$835.23	\$822.61	\$999.69	\$900.19	\$868.64
61	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
62	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
63	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57
64+	\$998.79	\$985.32	\$899.37	\$889.65	\$879.45	\$867.86	\$854.75	\$1,038.74	\$935.34	\$902.57

**Rates effective April 1, 2019**  
District of Columbia Small Group Exchange

CP DC Silver 2000/36/2

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective April 1, 2019  
District of Columbia Small Group Exchange  
Appendix II-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold HMO Plus 0/10/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$302.39	\$298.31	\$272.29	\$269.35	\$266.26	\$262.75	\$258.78	\$314.48	\$283.18	\$273.26
21	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
22	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
23	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
24	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
25	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
26	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
27	\$336.14	\$331.60	\$302.68	\$299.41	\$295.97	\$292.08	\$287.67	\$349.59	\$314.78	\$303.76
28	\$344.00	\$339.36	\$309.76	\$306.41	\$302.90	\$298.90	\$294.39	\$357.75	\$322.15	\$310.86
29	\$351.39	\$346.66	\$316.42	\$313.01	\$309.41	\$305.33	\$300.72	\$365.46	\$329.08	\$317.54
30	\$360.18	\$355.32	\$324.34	\$320.83	\$317.15	\$312.97	\$308.23	\$374.58	\$337.31	\$325.49
31	\$369.43	\$364.45	\$332.65	\$329.06	\$325.29	\$321.00	\$316.15	\$384.21	\$345.96	\$333.84
32	\$377.76	\$372.66	\$340.16	\$336.48	\$332.62	\$328.23	\$323.28	\$392.86	\$353.76	\$341.36
33	\$386.54	\$381.32	\$348.06	\$344.31	\$340.36	\$335.87	\$330.79	\$402.00	\$361.98	\$349.30
34	\$395.79	\$390.45	\$356.39	\$352.54	\$348.50	\$343.90	\$338.70	\$411.62	\$370.65	\$357.65
35	\$405.04	\$399.56	\$364.72	\$360.77	\$356.64	\$351.94	\$346.62	\$421.23	\$379.31	\$366.01
36	\$414.27	\$408.69	\$373.04	\$369.01	\$364.78	\$359.97	\$354.53	\$430.85	\$387.96	\$374.37
37	\$423.52	\$417.82	\$381.37	\$377.25	\$372.93	\$368.00	\$362.45	\$440.46	\$396.63	\$382.72
38	\$428.61	\$422.83	\$385.95	\$381.78	\$377.40	\$372.42	\$366.80	\$445.75	\$401.39	\$387.32
39	\$433.70	\$427.84	\$390.53	\$386.31	\$381.88	\$376.85	\$371.15	\$451.04	\$406.16	\$391.92
40	\$450.80	\$444.72	\$405.93	\$401.55	\$396.95	\$391.71	\$385.79	\$468.83	\$422.17	\$407.38
41	\$468.38	\$462.06	\$421.75	\$417.20	\$412.42	\$406.97	\$400.83	\$487.11	\$438.63	\$423.25
42	\$486.87	\$480.30	\$438.41	\$433.67	\$428.70	\$423.05	\$416.66	\$506.34	\$455.94	\$439.97
43	\$505.83	\$499.00	\$455.48	\$450.56	\$445.39	\$439.51	\$432.87	\$526.06	\$473.70	\$457.10
44	\$525.71	\$518.62	\$473.39	\$468.27	\$462.90	\$456.79	\$449.89	\$546.74	\$492.32	\$475.06
45	\$546.05	\$538.69	\$491.70	\$486.39	\$480.81	\$474.47	\$467.30	\$567.89	\$511.37	\$493.45
46	\$567.32	\$559.67	\$510.86	\$505.33	\$499.54	\$492.95	\$485.50	\$590.01	\$531.29	\$512.67
47	\$589.52	\$581.56	\$530.84	\$525.10	\$519.08	\$512.24	\$504.49	\$613.09	\$552.07	\$532.72
48	\$612.64	\$604.37	\$551.65	\$545.70	\$539.44	\$532.32	\$524.27	\$637.14	\$573.73	\$553.61
49	\$636.68	\$628.08	\$573.30	\$567.11	\$560.61	\$553.21	\$544.85	\$662.14	\$596.24	\$575.34
50	\$661.64	\$652.72	\$595.79	\$589.35	\$582.59	\$574.91	\$566.22	\$688.11	\$619.62	\$597.91
51	\$687.53	\$678.26	\$619.10	\$612.41	\$605.39	\$597.40	\$588.38	\$715.03	\$643.86	\$621.30
52	\$714.36	\$704.72	\$643.25	\$636.30	\$629.00	\$620.70	\$611.32	\$742.93	\$668.98	\$645.53
53	\$742.09	\$732.09	\$668.23	\$661.01	\$653.44	\$644.81	\$635.07	\$771.78	\$694.96	\$670.60
54	\$771.22	\$760.82	\$694.46	\$686.96	\$679.08	\$670.13	\$660.00	\$802.07	\$722.24	\$696.93
55	\$801.28	\$790.47	\$721.53	\$713.73	\$705.54	\$696.23	\$685.71	\$833.33	\$750.38	\$724.09
56	\$832.72	\$821.49	\$749.84	\$741.74	\$733.23	\$723.56	\$712.62	\$866.02	\$779.83	\$752.50
57	\$865.09	\$853.41	\$778.97	\$770.56	\$761.73	\$751.67	\$740.33	\$899.69	\$810.14	\$781.74
58	\$898.84	\$886.71	\$809.37	\$800.63	\$791.44	\$781.00	\$769.20	\$934.79	\$841.74	\$812.24
59	\$933.97	\$921.37	\$841.02	\$831.93	\$822.39	\$811.53	\$799.28	\$971.34	\$874.66	\$844.00
60	\$970.50	\$957.41	\$873.91	\$864.46	\$854.56	\$843.28	\$830.54	\$1,009.32	\$908.86	\$877.01
61	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
62	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
63	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27
64+	\$1,008.41	\$994.80	\$908.04	\$898.22	\$887.91	\$876.22	\$862.99	\$1,048.75	\$944.34	\$911.27

## Appendix III-A

Platinum	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Platinum	Gold	Gold	Gold	Silver	
NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Silver (1st/2nd)	NP PC Silver (1st/2nd)	NP PC Silver (1st/2nd)	NP PC Silver (1st/2nd)	NP PC Bronze (1st/2nd)	NP PC Bronze (1st/2nd)	NP PC Bronze (1st/2nd)	NP PC Bronze (1st/2nd)	NP PC Bronze (1st/2nd)	NP PC Platinum (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Gold (1st/2nd)	NP PC Silver (1st/2nd)	
20 and Under	\$290.76	\$286.84	\$261.82	\$248.99	\$250.02	\$251.65	\$248.83	\$250.92	\$229.54	\$223.24	\$216.07	\$211.33	\$211.12	\$229.88	\$224.80	\$274.37	\$302.39	\$272.29	\$262.75	\$240.15	
21	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
22	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
23	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
24	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
25	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
26	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
27	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
28	\$232.22	\$318.86	\$290.05	\$287.90	\$286.04	\$287.60	\$286.70	\$286.70	\$255.16	\$254.60	\$240.19	\$234.92	\$234.92	\$255.54	\$272.13	\$304.99	\$338.15	\$292.08	\$292.08	\$266.96	
29	\$337.89	\$333.33	\$304.26	\$300.97	\$297.52	\$297.52	\$298.16	\$298.16	\$266.75	\$266.75	\$259.42	\$259.42	\$259.42	\$259.42	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
30	\$346.34	\$341.66	\$311.86	\$306.49	\$303.94	\$303.94	\$306.39	\$306.39	\$273.45	\$273.45	\$265.90	\$265.90	\$265.90	\$265.90	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
31	\$355.43	\$350.44	\$318.86	\$314.66	\$310.84	\$310.84	\$314.66	\$314.66	\$281.72	\$281.72	\$274.17	\$274.17	\$274.17	\$274.17	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
32	\$363.23	\$358.33	\$327.07	\$323.55	\$319.84	\$319.84	\$323.55	\$323.55	\$288.47	\$288.47	\$280.92	\$280.92	\$280.92	\$280.92	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
33	\$371.68	\$366.67	\$334.69	\$331.07	\$327.27	\$327.27	\$331.07	\$331.07	\$295.18	\$295.18	\$287.63	\$287.63	\$287.63	\$287.63	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
34	\$380.37	\$375.38	\$343.69	\$339.87	\$335.98	\$335.98	\$339.87	\$339.87	\$302.41	\$302.41	\$294.86	\$294.86	\$294.86	\$294.86	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
35	\$389.46	\$384.21	\$350.69	\$346.93	\$343.23	\$343.23	\$346.93	\$346.93	\$309.01	\$309.01	\$298.42	\$298.42	\$298.42	\$298.42	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
36	\$398.36	\$392.97	\$358.70	\$354.93	\$351.26	\$351.26	\$354.93	\$354.93	\$316.37	\$316.37	\$305.64	\$305.64	\$305.64	\$305.64	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
37	\$407.25	\$401.86	\$367.18	\$363.41	\$359.64	\$359.64	\$363.41	\$363.41	\$323.62	\$323.62	\$312.89	\$312.89	\$312.89	\$312.89	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
38	\$416.14	\$410.75	\$376.01	\$372.24	\$368.47	\$368.47	\$372.24	\$372.24	\$330.66	\$330.66	\$319.93	\$319.93	\$319.93	\$319.93	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
39	\$425.03	\$419.64	\$384.92	\$381.15	\$377.38	\$377.38	\$381.15	\$381.15	\$337.61	\$337.61	\$326.88	\$326.88	\$326.88	\$326.88	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
40	\$433.92	\$429.53	\$393.81	\$390.04	\$386.27	\$386.27	\$390.04	\$390.04	\$344.56	\$344.56	\$333.83	\$333.83	\$333.83	\$333.83	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
41	\$442.81	\$438.42	\$402.70	\$398.93	\$395.16	\$395.16	\$402.70	\$402.70	\$351.51	\$351.51	\$340.78	\$340.78	\$340.78	\$340.78	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
42	\$451.70	\$447.31	\$411.59	\$407.82	\$404.05	\$404.05	\$411.59	\$411.59	\$358.46	\$358.46	\$347.73	\$347.73	\$347.73	\$347.73	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
43	\$460.59	\$456.20	\$420.48	\$416.71	\$412.94	\$412.94	\$420.48	\$420.48	\$365.37	\$365.37	\$354.64	\$354.64	\$354.64	\$354.64	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
44	\$469.48	\$465.09	\$429.37	\$425.60	\$421.83	\$421.83	\$429.37	\$429.37	\$372.28	\$372.28	\$361.55	\$361.55	\$361.55	\$361.55	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
45	\$478.37	\$473.98	\$438.25	\$434.48	\$430.71	\$430.71	\$438.25	\$438.25	\$379.19	\$379.19	\$368.46	\$368.46	\$368.46	\$368.46	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
46	\$487.26	\$482.87	\$447.14	\$443.37	\$439.60	\$439.60	\$447.14	\$447.14	\$386.10	\$386.10	\$375.37	\$375.37	\$375.37	\$375.37	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
47	\$496.15	\$491.76	\$456.03	\$452.26	\$448.49	\$448.49	\$456.03	\$456.03	\$393.01	\$393.01	\$382.28	\$382.28	\$382.28	\$382.28	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
48	\$505.04	\$499.65	\$464.91	\$461.14	\$457.37	\$457.37	\$464.91	\$464.91	\$400.00	\$400.00	\$389.27	\$389.27	\$389.27	\$389.27	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
49	\$513.93	\$509.54	\$473.80	\$469.03	\$465.26	\$465.26	\$473.80	\$473.80	\$406.91	\$406.91	\$396.18	\$396.18	\$396.18	\$396.18	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
50	\$522.82	\$518.43	\$482.69	\$477.92	\$474.15	\$474.15	\$482.69	\$482.69	\$413.82	\$413.82	\$403.09	\$403.09	\$403.09	\$403.09	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
51	\$531.71	\$527.32	\$491.58	\$486.81	\$483.04	\$483.04	\$491.58	\$491.58	\$420.73	\$420.73	\$410.00	\$410.00	\$410.00	\$410.00	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
52	\$540.60	\$536.21	\$500.47	\$495.70	\$491.93	\$491.93	\$500.47	\$500.47	\$427.64	\$427.64	\$416.91	\$416.91	\$416.91	\$416.91	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
53	\$549.49	\$545.10	\$509.36	\$504.59	\$500.82	\$500.82	\$509.36	\$509.36	\$434.55	\$434.55	\$423.82	\$423.82	\$423.82	\$423.82	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
54	\$558.38	\$553.99	\$518.25	\$513.48	\$509.71	\$509.71	\$518.25	\$518.25	\$441.46	\$441.46	\$430.73	\$430.73	\$430.73	\$430.73	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
55	\$567.27	\$562.88	\$527.14	\$522.37	\$518.60	\$518.60	\$527.14	\$527.14	\$448.37	\$448.37	\$437.64	\$437.64	\$437.64	\$437.64	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
56	\$576.16	\$571.77	\$536.04	\$531.27	\$527.50	\$527.50	\$536.04	\$536.04	\$455.28	\$455.28	\$444.55	\$444.55	\$444.55	\$444.55	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
57	\$585.05	\$580.66	\$545.32	\$540.55	\$536.78	\$536.78	\$545.32	\$545.32	\$462.19	\$462.19	\$451.46	\$451.46	\$451.46	\$451.46	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
58	\$593.94	\$589.55	\$554.21	\$549.44	\$545.67	\$545.67	\$554.21	\$554.21	\$469.10	\$469.10	\$458.37	\$458.37	\$458.37	\$458.37	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
59	\$602.83	\$598.44	\$563.10	\$558.33	\$554.56	\$554.56	\$563.10	\$563.10	\$476.01	\$476.01	\$465.28	\$465.28	\$465.28	\$465.28	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
60	\$611.72	\$607.33	\$572.39	\$567.62	\$563.85	\$563.85	\$572.39	\$572.39	\$482.92	\$482.92	\$472.19	\$472.19	\$472.19	\$472.19	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
61	\$620.61	\$616.22	\$581.46	\$576.69	\$572.92	\$572.92	\$581.46	\$581.46	\$489.83	\$489.83	\$479.10	\$479.10	\$479.10	\$479.10	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
62	\$629.50	\$625.11	\$590.60	\$585.83	\$582.06	\$582.06	\$590.60	\$590.60	\$496.74	\$496.74	\$486.01	\$486.01	\$486.01	\$486.01	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
63	\$638.39	\$634.00	\$600.06	\$595.29	\$591.52	\$591.52	\$600.06	\$600.06	\$503.65	\$503.65	\$492.92	\$492.92	\$492.92	\$492.92	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
64	\$647.28	\$642.89	\$608.92	\$604.15	\$600.38	\$600.38	\$608.92	\$608.92	\$510.56	\$510.56	\$500.83	\$500.83	\$500.83	\$500.83	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
65	\$656.17	\$651.78	\$617.84	\$613.07	\$609.30	\$609.30	\$617.84	\$617.84	\$517.47	\$517.47	\$507.74	\$507.74	\$507.74	\$507.74	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
66	\$665.06	\$660.67	\$626.80	\$622.03	\$618.26	\$618.26	\$626.80	\$626.80	\$524.38	\$524.38	\$514.65	\$514.65	\$514.65	\$514.65	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
67	\$673.95	\$669.56	\$635.82	\$631.05	\$627.28	\$627.28	\$635.82	\$635.82	\$531.29	\$531.29	\$521.56	\$521.56	\$521.56	\$521.56	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
68	\$682.84	\$678.45	\$644.96	\$640.19	\$636.42	\$636.42	\$644.96	\$644.96	\$538.20	\$538.20	\$528.47	\$528.47	\$528.47	\$528.47	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
69	\$691.73	\$687.34	\$653.48	\$648.71	\$644.94	\$644.94	\$653.48	\$653.48	\$545.11	\$545.11	\$535.38	\$535.38	\$535.38	\$535.38	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
70	\$700.62	\$696.23	\$663.60	\$658.83	\$655.06	\$655.06	\$663.60	\$663.60	\$552.02	\$552.02	\$542.29	\$542.29	\$542.29	\$542.29	\$271.83	\$326.84	\$351.41	\$316.43	\$305.34	\$279.08	
71	\$70																				

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective July 1, 2019  
District of Columbia Small Group Exchange  
Appendix III-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 0/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$305.30	\$301.18	\$274.91	\$271.95	\$268.83	\$265.28	\$261.27	\$317.51	\$285.91	\$275.89
21	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
22	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
23	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
24	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
25	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
26	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
27	\$339.38	\$334.80	\$305.60	\$302.29	\$298.83	\$294.89	\$290.44	\$352.95	\$317.82	\$306.69
28	\$347.32	\$342.63	\$312.74	\$309.37	\$305.82	\$301.78	\$297.23	\$361.20	\$325.26	\$313.85
29	\$354.78	\$350.00	\$319.47	\$316.02	\$312.39	\$308.28	\$303.62	\$368.98	\$332.25	\$320.60
30	\$363.65	\$358.74	\$327.46	\$323.92	\$320.20	\$315.98	\$311.20	\$378.19	\$340.56	\$328.62
31	\$372.99	\$367.96	\$335.86	\$332.23	\$328.43	\$324.10	\$319.19	\$387.91	\$349.30	\$337.05
32	\$381.39	\$376.25	\$343.43	\$339.72	\$335.83	\$331.40	\$326.39	\$396.64	\$357.16	\$344.65
33	\$390.26	\$384.99	\$351.42	\$347.62	\$343.64	\$339.10	\$333.97	\$405.87	\$365.47	\$352.67
34	\$399.60	\$394.21	\$359.83	\$355.94	\$351.85	\$347.22	\$341.97	\$415.58	\$374.22	\$361.10
35	\$408.94	\$403.41	\$368.23	\$364.25	\$360.08	\$355.33	\$349.96	\$425.29	\$382.96	\$369.54
36	\$418.27	\$412.63	\$376.63	\$372.57	\$368.30	\$363.43	\$357.95	\$435.00	\$391.70	\$377.98
37	\$427.60	\$421.84	\$385.04	\$380.89	\$376.52	\$371.55	\$365.94	\$444.71	\$400.45	\$386.41
38	\$432.74	\$426.90	\$389.67	\$385.46	\$381.04	\$376.01	\$370.33	\$450.05	\$405.26	\$391.05
39	\$437.88	\$431.97	\$394.29	\$390.03	\$385.56	\$380.48	\$374.73	\$455.39	\$410.07	\$395.70
40	\$455.15	\$449.01	\$409.85	\$405.42	\$400.77	\$395.48	\$389.51	\$473.35	\$426.24	\$411.30
41	\$472.89	\$466.51	\$425.82	\$421.22	\$416.39	\$410.90	\$404.69	\$491.80	\$442.85	\$427.33
42	\$491.56	\$484.93	\$442.64	\$437.85	\$432.83	\$427.12	\$420.67	\$511.22	\$460.33	\$444.21
43	\$510.70	\$503.81	\$459.87	\$454.90	\$449.68	\$443.75	\$437.04	\$531.13	\$478.27	\$461.51
44	\$530.77	\$523.62	\$477.95	\$472.78	\$467.36	\$461.19	\$454.23	\$552.01	\$497.06	\$479.64
45	\$551.31	\$543.88	\$496.44	\$491.08	\$485.44	\$479.04	\$471.80	\$573.36	\$516.30	\$498.20
46	\$572.79	\$565.06	\$515.78	\$510.20	\$504.35	\$497.70	\$490.18	\$595.70	\$536.41	\$517.61
47	\$595.20	\$587.16	\$535.95	\$530.16	\$524.09	\$517.17	\$509.36	\$619.00	\$557.39	\$537.86
48	\$618.54	\$610.19	\$556.97	\$550.96	\$544.64	\$537.45	\$529.32	\$643.28	\$579.25	\$558.95
49	\$642.81	\$634.14	\$578.83	\$572.58	\$566.01	\$558.54	\$550.10	\$668.52	\$601.99	\$580.88
50	\$668.02	\$659.01	\$601.53	\$595.03	\$588.20	\$580.45	\$571.68	\$694.74	\$625.59	\$603.67
51	\$694.16	\$684.80	\$625.06	\$618.32	\$611.22	\$603.16	\$594.04	\$721.92	\$650.07	\$627.29
52	\$721.24	\$711.51	\$649.45	\$642.43	\$635.06	\$626.68	\$617.21	\$750.09	\$675.43	\$651.75
53	\$749.24	\$739.14	\$674.67	\$667.38	\$659.73	\$651.03	\$641.19	\$779.21	\$701.66	\$677.06
54	\$778.65	\$768.15	\$701.15	\$693.58	\$685.62	\$676.58	\$666.36	\$809.80	\$729.20	\$703.65
55	\$809.00	\$798.09	\$728.48	\$720.61	\$712.34	\$702.94	\$692.32	\$841.36	\$757.61	\$731.07
56	\$840.74	\$829.41	\$757.06	\$748.89	\$740.29	\$730.53	\$719.49	\$874.37	\$787.35	\$759.75
57	\$873.42	\$861.64	\$786.48	\$777.99	\$769.07	\$758.92	\$747.46	\$908.35	\$817.95	\$789.27
58	\$907.50	\$895.26	\$817.17	\$808.35	\$799.07	\$788.53	\$776.61	\$943.80	\$849.85	\$820.07
59	\$942.97	\$930.25	\$849.12	\$839.95	\$830.31	\$819.35	\$806.98	\$980.70	\$883.08	\$852.14
60	\$979.85	\$966.63	\$882.33	\$872.79	\$862.79	\$851.40	\$838.54	\$1,019.05	\$917.62	\$885.46
61	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
62	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
63	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05
64+	\$1,018.13	\$1,004.40	\$916.79	\$906.87	\$896.48	\$884.66	\$871.30	\$1,058.85	\$953.45	\$920.05

#### Appendix IV.

[illegible]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Rates effective October 1, 2019  
District of Columbia Small Group Exchange  
Appendix IV-B

	22	23	24	25	26	27	28	29	30	31
	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Platinum	Gold	Gold
Age	KP DC Platinum 0/10/Dental/Sel	KP DC Platinum 500/10/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 500/20/Dental/Sel	KP DC Gold 1000/20/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Gold 1700/0%/HSA/Dental/Sel	KP DC Platinum HMO Plus 0/10/Dental/Sel	KP DC Gold HMO Plus 0/20/Dental/Sel	KP DC Gold DHMO Plus 1500/20/Dental/Sel
20 and Under	\$308.24	\$304.08	\$277.56	\$274.57	\$271.42	\$267.84	\$263.79	\$320.57	\$288.67	\$278.55
21	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
22	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
23	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
24	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
25	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
26	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
27	\$342.65	\$338.03	\$308.54	\$305.20	\$301.71	\$297.73	\$293.24	\$356.36	\$320.88	\$309.64
28	\$350.66	\$345.93	\$315.75	\$312.35	\$308.77	\$304.69	\$300.09	\$364.68	\$328.39	\$316.88
29	\$358.20	\$353.37	\$322.55	\$319.07	\$315.40	\$311.25	\$306.54	\$372.53	\$335.45	\$323.69
30	\$367.15	\$362.20	\$330.62	\$327.04	\$323.29	\$319.03	\$314.20	\$381.84	\$343.84	\$331.79
31	\$376.58	\$371.51	\$339.10	\$335.43	\$331.59	\$327.22	\$322.27	\$391.65	\$352.66	\$340.30
32	\$385.07	\$379.87	\$346.74	\$343.00	\$339.07	\$334.59	\$329.53	\$400.47	\$360.61	\$347.97
33	\$394.02	\$388.70	\$354.80	\$350.97	\$346.95	\$342.37	\$337.19	\$409.78	\$368.99	\$356.07
34	\$403.45	\$398.01	\$363.29	\$359.37	\$355.24	\$350.56	\$345.26	\$419.59	\$377.82	\$364.58
35	\$412.88	\$407.30	\$371.78	\$367.76	\$363.55	\$358.75	\$353.33	\$429.39	\$386.65	\$373.10
36	\$422.30	\$416.60	\$380.26	\$376.16	\$371.84	\$366.94	\$361.40	\$439.19	\$395.47	\$381.62
37	\$431.72	\$425.91	\$388.75	\$384.56	\$380.15	\$375.13	\$369.47	\$448.99	\$404.31	\$390.13
38	\$436.91	\$431.01	\$393.43	\$389.18	\$384.71	\$379.64	\$373.90	\$454.39	\$409.16	\$394.82
39	\$442.10	\$436.13	\$398.09	\$393.79	\$389.28	\$384.14	\$378.34	\$459.78	\$414.02	\$399.51
40	\$459.53	\$453.34	\$413.79	\$409.33	\$404.63	\$399.29	\$393.26	\$477.91	\$430.34	\$415.27
41	\$477.45	\$471.01	\$429.92	\$425.28	\$420.40	\$414.85	\$408.59	\$496.54	\$447.12	\$431.44
42	\$496.29	\$489.60	\$446.90	\$442.07	\$437.00	\$431.24	\$424.72	\$516.15	\$464.77	\$448.49
43	\$515.62	\$508.66	\$464.30	\$459.28	\$454.01	\$448.03	\$441.25	\$536.25	\$482.87	\$465.95
44	\$535.89	\$528.66	\$482.55	\$477.34	\$471.86	\$465.63	\$458.61	\$557.32	\$501.85	\$484.26
45	\$556.62	\$549.12	\$501.22	\$495.81	\$490.12	\$483.66	\$476.35	\$578.89	\$521.27	\$503.00
46	\$578.31	\$570.51	\$520.75	\$515.12	\$509.21	\$502.50	\$494.90	\$601.44	\$541.58	\$522.60
47	\$600.93	\$592.82	\$541.11	\$535.27	\$529.14	\$522.16	\$514.26	\$624.96	\$562.76	\$543.04
48	\$624.50	\$616.07	\$562.34	\$556.26	\$549.88	\$542.63	\$534.43	\$649.48	\$584.83	\$564.33
49	\$649.00	\$640.25	\$584.40	\$578.09	\$571.47	\$563.92	\$555.40	\$674.96	\$607.79	\$586.48
50	\$674.46	\$665.36	\$607.32	\$600.77	\$593.87	\$586.04	\$577.19	\$701.43	\$631.62	\$609.48
51	\$700.84	\$691.40	\$631.09	\$624.27	\$617.11	\$608.97	\$599.77	\$728.88	\$656.33	\$633.33
52	\$728.19	\$718.36	\$655.70	\$648.62	\$641.18	\$632.72	\$623.16	\$757.32	\$681.94	\$658.03
53	\$756.46	\$746.26	\$681.17	\$673.81	\$666.09	\$657.30	\$647.37	\$786.72	\$708.42	\$683.59
54	\$786.15	\$775.55	\$707.90	\$700.26	\$692.23	\$683.10	\$672.78	\$817.61	\$736.23	\$710.43
55	\$816.79	\$805.78	\$735.50	\$727.55	\$719.21	\$709.72	\$698.99	\$849.47	\$764.91	\$738.11
56	\$848.84	\$837.40	\$764.36	\$756.10	\$747.43	\$737.57	\$726.42	\$882.79	\$794.93	\$767.07
57	\$881.84	\$869.94	\$794.06	\$785.48	\$776.48	\$766.23	\$754.66	\$917.11	\$825.83	\$796.88
58	\$916.24	\$903.88	\$825.05	\$816.13	\$806.77	\$796.13	\$784.10	\$952.89	\$858.04	\$827.97
59	\$952.06	\$939.21	\$857.30	\$848.04	\$838.31	\$827.25	\$814.75	\$990.15	\$891.59	\$860.35
60	\$989.29	\$975.95	\$890.83	\$881.20	\$871.10	\$859.61	\$846.62	\$1,028.87	\$926.46	\$893.99
61	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
62	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
63	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91
64+	\$1,027.94	\$1,014.08	\$925.62	\$915.60	\$905.12	\$893.19	\$879.70	\$1,069.06	\$962.64	\$928.91



**KAISER PERMANENTE®**

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street Rockville, Maryland 20852

June 1, 2018

Mr. Efren Tanhehco  
Supervisory Actuary  
Department of Insurance and Securities  
Insurance Product Division  
810 First Street, N.E.  
Washington, DC 20002

Re: NAIC #: 95639  
HIOS Issuer ID 94506  
Small Group On-Exchange Rate Filing  
Filing #2

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for a premium rate change effective January 1, 2019. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified.

The overall impact to the index rate is 25.9%.

Sincerely,

Stephen Chuang  
Actuarial Analyst  
Kaiser Foundation Health Plan, Inc.  
Phone: 301-816-5854  
Fax: 301-816-7124  
Email: [stephen.chuang@kp.org](mailto:stephen.chuang@kp.org)

***Please provide Company specific inputs for any cells shaded in blue that currently has dummy variables.***

### ***Purpose, Scope, and Reason for Rate Increase***

Insurance Company Name	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
HIOS ID	94506
SERFF Filing Number	KPMA-131465755
Date of Submission	6/1/2018
Proposed Effective Date	1/1/2019

	Average Annual Premium
Before Rate Change	\$7,073
After Rate Change	\$7,073

	Amount in SERFF's Rate Review Detail Section Explanation for differences		
Proposed Overall Rate Change	0.00%	0.00%	
Proposed Minimum Rate Change	-6.90%	-6.90%	
Proposed Maximum Rate Change	22.00%	22.00%	

If the difference between the maximum and minimum rate increase is greater than 10%, Provide a statement and clear delineation of contributing factors explaining why certain individual will receive a rate decrease as low as the minimum while others will face rate increases as high as the maximum

The difference is greater than 10% due to difference in benefits between plans, as well as the amount of cost share changes from 2018 to 2019 for specific plans. From our rate analysis, the lower metal tier plans were priced too low, so there was a flattening of the rate slope for this year.

**Relationship of Proposed Rate Scale to Current Rate Scale:**

Provide a detailed breakdown of the average rate change from the previous approved filing by using the chart below to itemize the drivers of the average rate change. The table should include the previous assumption, current assumption, and the resulting change. Include additional lines as necessary.

Source of Change	Previous filing Assumption	Current Filing Assumption	Relativity Current Filing / Previous filing
Base Period Experience	330	441	1.336
Base Period Utilization Factor	1	1	1.004
Pricing Trend	1	1	1.003
Morbidity Adjustment	1	1	1.000
Risk Adjustment Recoveries	1	1	0.942
Pent Up Demand	1	1	1.000
Reinsurance Recoveries	1	1	1.000
Reinsurance Premium	1	1	1.000
Average Age Impact	1	1	0.996
Additional EHB	1	1	0.999
Exchange Fee	1	1	1.000
Fixed Cost Adjustment	XXXX	XXXX	1.000
SG&A	XXXX	XXXX	1.000
Margin	XXXX	XXXX	1.000
Taxes and Fees	XXXX	XXXX	1.000
Benefit Design Changes	XXXX	XXXX	1.000
Geography	XXXX	XXXX	1.000
Tobacco	XXXX	XXXX	1.000
	XXXX	XXXX	1.000
	XXXX	XXXX	1.000
	XXXX	XXXX	1.000
	XXXX	XXXX	1.000
	XXXX	XXXX	1.000
<b>Total Rate Change</b>	XXXX	XXXX	1.259
If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17			1.000

e.g. previous filing experience period index rate compared to the current filing experience index rate  
If applicable, the change in this factor is based on the average copay impact difference between previous filing and current filing.  
The change in this factor is based on the change the trend assumption in previous filing and current filing (e.g.  $1.075^2 \times 1.08^2$ )  
The change in this factor is based on the change in the morbidity assumptions between previous filing and current filing.  
The change in this factor is based on the change in the risk adjustment recoveries assumptions between previous filing and current filing.

If applicable, Provide an explanation for difference between the Calculated Rate change and the average rate change in cell B17

The 25.9% from Total Rate Change is the increase in the Market Adjusted Index Rate from 2018 to 2019. The 0% increase is the weighted average increase calculated from 2018 to 2019 plans based on member months.

Annual Rate Change Distribution

	Impacted # of Contracts	Impacted # of Members	Impacted # of Groups
Reduction of 15.00% or more	0	0	0
Reduction of 10.01% to 14.99%	0	0	0
Reduction of 5.01% to 10.00%	58	85	0
Reduction of 0.01% to 5.00%	1,579	2,327	0
No Change	0	0	0
Increase of 0.01% to 5.00%	446	658	0
Increase of 5.01% to 10.00%	200	295	0
Increase of 10.01% to 14.99%	39	58	0
Increase of 15.00% or more	34	50	0
Total	2,356	3,472	0

History of Rate Changes

For Year	Average Annual Proposed Rate Change	Average Annual Approved Rate Change
2016	0.20%	0.20%
2017	2.00%	2.00%
2018	5.00%	5.00%

Retention

	PMPM in effect during the experience period	PMPM from Most Recent Approved Rate Filing	Proposed PMPM for Effective Date	Proposed Change in PMPM Compared to Prior 12 months	Proposed Change in PMPM Compared to Most Recently Approved Filing
Dates	1/1/2017	1/1/2018	1/1/2019		
Commissions & Brokers Fees	\$27.73	\$28.22	\$26.30	-5.14%	-6.79%
Marketing & Advertising	\$1.66	\$1.66	\$1.69	2.18%	2.31%
Payroll and Benefits	\$23.52	\$23.49	\$24.04	2.18%	2.31%
Taxes, Licenses & Fees	\$7.98	\$11.28	\$8.00	0.23%	-29.08%
Reinsurance	\$0.00	\$0.00	\$0.00		
All Other Admin Expense	\$19.23	\$19.20	\$19.65	2.18%	2.31%
Profit/Risk Margin	-\$10.09	-\$48.62	-\$140.46	1292.35%	188.90%

	As % of Premium during the experience period	As % of Premium from Most Recent Approved Rate Filing	Proposed As % of Premium for Effective Date	Proposed Change in % of Premium Compared to Prior 12 months	Proposed Change in % of Premium Compared to Most Recently Approved Filing
Commissions & Brokers Fees	7.14%	7.07%	6.58%	-7.88%	-6.96%
Marketing & Advertising	0.43%	0.41%	0.42%	-0.77%	2.13%
Payroll and Benefits	6.06%	5.88%	6.01%	-0.77%	2.13%
Taxes, Licenses & Fees	2.05%	2.83%	2.00%	-2.66%	-29.20%
Reinsurance	0.00%	0.00%	0.00%		
All Other Admin Expense	4.95%	4.81%	4.91%	-0.77%	2.13%
Profit/Risk Margin	-2.60%	-12.18%	-35.12%	1252.10%	188.38%

Trend & Projection Assumptions

Monthly Trend Analysis Based on Experience Data Time Period used for Rate Development	Monthly Incurred Claims \$					Annualized Rolling 6 Mo	
	Month	Member Months	PMPM	Rolling 12 Mo Trend	Trend	Annualized Rolling 3 Mo Trend	
Last Month in Experience Period	Jan-2015	6,177	\$295.60				
	Feb-2015	6,247	\$259.12				
	Mar-2015	6,604	\$299.20				
	Apr-2015	6,500	\$307.58				
	May-2015	6,334	\$284.99				
	Jun-2015	6,273	\$293.59				17.70%
	Jul-2015	6,167	\$438.44				66.12%
	Aug-2015	6,105	\$315.13				56.89%
	Sep-2015	6,184	\$347.72				107.70%
	Oct-2015	6,275	\$304.01				-21.26%
	Nov-2015	6,312	\$296.27				-29.48%
	Dec-2015	6,365	\$293.92		26.09%		-51.76%
	Jan-2016	6,653	\$311.28	1200.01%	-2.50%		-10.90%
	Feb-2016	6,678	\$290.82	598.52%	-7.01%		-2.96%
	Mar-2016	6,884	\$385.82	356.44%	-1.70%		94.28%
	Apr-2016	6,802	\$360.51	239.56%	8.78%		116.55%
	May-2016	6,645	\$311.18	175.96%	10.97%		121.26%
	Jun-2016	6,387	\$336.30	132.93%	15.41%		0.72%
	Jul-2016	6,319	\$320.20	82.25%	27.22%		-38.16%
	Aug-2016	6,254	\$351.60	61.66%	31.77%		-37.40%
	Sep-2016	6,071	\$326.13	41.23%	9.40%		-25.71%
	Oct-2016	6,021	\$328.07	27.93%	-6.97%		-6.12%
	Nov-2016	5,915	\$340.89	17.54%	-10.51%		-23.41%
	Dec-2016	5,766	\$369.55	9.29%	-14.77%		-5.07%
	Jan-2017	6,623	\$396.52	10.50%	-5.56%		46.76%
	Feb-2017	6,562	\$364.74	10.89%	-6.34%		105.64%
	Mar-2017	7,021	\$393.71	8.28%	16.52%		161.33%
	Apr-2017	6,791	\$366.68	6.48%	35.13%		62.54%
	May-2017	6,646	\$409.97	7.96%	49.98%		55.04%
	Jun-2017	6,523	\$430.84	9.15%	64.54%		12.98%
	Jul-2017	6,516	\$410.49	14.70%	50.48%		32.80%
	Aug-2017	6,560	\$448.76	16.39%	56.37%		24.55%
	Sep-2017	6,552	\$425.00	20.37%	39.57%		20.23%
	Oct-2017	6,475	\$729.72	30.94%	67.49%		162.87%
	Nov-2017	6,460	\$467.25	34.13%	57.01%		143.40%
	Dec-2017	6,453	\$559.31	38.02%	54.13%		218.21%

Solvency

	Most Recent Quaterly Financial Statement	Most Recent Annual Financial Statement
Total Adjusted Capital	173,624,558	160,228,051
Authorized Control Level	69,285,129	69,285,129
RBC Ratio	250.59%	231.26%

Loss Ratio

Time Period	Period Beginning Date	Period Ending Date	Member Months	Incurred Claims	Earned Premium	Loss Ratio	Expected Incurred Claims	A-to-E Claims Ratio	Quality Improvement Expenses	Adjustments to Earned Premium
Historical Year -4	1/1/2013	12/31/2013	34,212	10,193,390	9,792,722	104.1%	N/A		0	0
Historical Year -3	1/1/2014	12/31/2014	34,232	9,806,246	10,606,713	92.5%	8,765,212	111.9%	0	0
Historical Year -2	1/1/2015	12/31/2015	47,824	13,054,332	13,041,115	100.1%	15,142,508	86.2%	0	0
Historical Year -1	1/1/2016	12/31/2016	46,588	14,185,442	12,226,942	116.0%	15,935,863	89.0%	0	0
Historical Year 0	1/1/2017	12/31/2017	43,336	18,315,541	14,903,557	122.9%	19,966,009	91.7%	0	0
Historical Totals			206,192	65,554,951	60,570,450	108.2%	59,809,592	109.6%	0	0
Interim Time Period			0	0	0		0		0	0
Future Year 1			0	0	0		0		0	0

Anticipated Federal loss ratio standard in market

>117.2%

Note:

The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. □

The interim time period the time periods available in the current year.

The future year should represent the 12 months immediately following the rate effective date.

Consumer Adjusted Premium Rate Development

Index Rate for Projected Period PMPM	\$537.54
Risk Adjustment PMPM	\$42.58
Net Reinsurance Contributions PMPM	\$0.00
Exchange User Fees PMPM	\$5.42
Market Adjusted Index Rate PMPM	\$585.55

Product	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange	Small Group HMO On Exchange
Product ID	94056DC035	94056DC035	94056DC035	94056DC035	94056DC035	94056DC035	94056DC035	94056DC035
Plan ID	94506DC0350001	94506DC0350002	94506DC0350021	94506DC0350025	94506DC0350008	94506DC0350011	94506DC0350012	94506DC0350015
	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver	Bronze
Metal Tier	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)	(with highest Metal AV)	(with lowest Metal AV)
Metal AV Value	0.911	0.886	0.802	0.772	0.717	0.677	0.650	0.617
Pricing AV Value	0.672	0.860	0.777	0.758	0.693	0.670	0.648	0.634
Projected Member Months	3,027	3,027	1,542	1,542	778	778	526	526



Reinsurance Recoveries

Provide the historical claims for the experience period broken down by the following amounts:

Attachment Points	Total Incurred Claims
Less than \$45,000	\$24,904,170
Between \$45,000 and \$90,000	\$3,611,352
Between \$90,000 and \$250,000	\$3,468,175
Greater than \$250,000.	\$1,483,074
Total*	\$33,466,774

\*Should match Incurred Claims in URRT's Section I: Experience period data

Experience Period Start Date	1/1/2017
Date at which the most recent experience is available	12/31/2017

Provide the information in the table below in an Excel format. The information in the first row should be consistent with what is required by the URRT.

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morb Relativity	LossRatio
1/1/2017	12/31/2017	Persons who purchased a ACA compliant plan	79,252	27,224,605.92	33,238,493.11	35,197,368.96	42	1.037	\$444.12	\$428.10	0.077	122.1%
1/1/2017	12/31/2017	Persons who did not purchased a ACA compliant plan	32	7,675.85	228,280.77	239,630.04	48	1.339	\$7,488.44	\$5,592.43	13.063	2974.0%
1/1/2017	12/31/2017	All	79,284	\$27,232,282	\$33,466,774	\$35,436,999	42	1.038	\$446.96	\$430.79		122.9%

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM	Morb Relativity	LossRatio
1/1/2018	12/31/2017	Persons included in the experience period	79,252	27,224,605.92	33,238,493.11	35,197,368.96	42	1.037	\$444.12	\$428.10	0.077	122.1%
1/1/2018	12/31/2017	Persons not included in the experience period	32	7,675.85	228,280.77	239,630.04	48	1.339	\$7,488.44	\$5,592.43	13.063	2974.0%
1/1/2018	12/31/2017	All	79,284	\$27,232,282	\$33,466,774	\$35,436,999	42	1.038	\$446.96	\$430.79		122.9%

Experience Period Start Date	Experience Period End Date	Category of Insureds	Member Months	Premiums	Incurred Claims	Allowed Claims	Average Age	HHS Age Factor	Allowed PMPM	Age Normal Allowed PMPM		LossRatio
1/1/2017	12/31/2017	All	79,284	27,232,281.77	33,466,773.88	35,436,999.00	42	1.038	\$446.96	\$430.79		122.9%

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	Unified Rate Review v4.3																								
2																									
3	Company Legal Name:		Kaiser Foundation Health Plan										State:		DC										
4	HIOS Issuer ID:		94506										Market:		Small Group										
5	Effective Date of Rate Change(s):		1/1/2019																						
6																									
7																									
8	Market Level Calculations (Same for all Plans)																								
9																									
10																									
11	Section I: Experience period data																								
12	Experience Period:		1/1/2017		to		12/31/2017																		
13			Experience Period				PMPM		% of Prem																
14	Premiums (net of MLR Rebate) in Experience Period:		\$27,232,282		\$343.91		100.00%																		
15	Incurred Claims in Experience Period		\$33,466,774		422.64		122.89%																		
16	Allowed Claims:		\$35,436,999		447.52		130.13%																		
17	Index Rate of Experience Period				\$440.61																				
18	Experience Period Member Months		79,185																						
19																									
20	Section II: Allowed Claims, PMPM basis																								
21																									
22																									
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Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
94506  
1/1/2019

State: DC  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Small Group HMO On Exchange 94506DC035																			
Product ID:																				
Metal:	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Gold	Gold	Silver	Platinum
AV Metal Value	0.911	0.886	0.800	0.802	0.782	0.772	0.796	0.717	0.712	0.708	0.677	0.650	0.617	0.621	0.911	0.800	0.772	0.717	0.911	0.886
AV Pricing Value	0.872	0.860	0.785	0.777	0.768	0.758	0.746	0.693	0.688	0.687	0.670	0.648	0.634	0.633	0.907	0.817	0.788	0.720	0.916	0.903
Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	New	New	Renewing	Renewing
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	KP DC Platinum 0/10/Dental	KP DC Platinum 500/10/Dental	KP DC Gold 0/20/Dental	KP DC Gold 500/20/Dental	KP DC Gold 1000/20/Dental	KP DC Gold 1500/20/Dental	KP DC Gold 1700/0%/HSA/De ntal	KP DC Silver 2000/0/Dental	KP DC Silver 2500/0/Dental	KP DC Silver 3000/0/Dental	KP DC Silver 3500/0/Dental	KP DC Bronze 5500/0/Dental	KP DC Bronze 5550/0%/HSA/De ntal	KP DC Bronze 5750/30/20%/HS A/Dental	KP DC Platinum HMO Plus 0/10/Dental	KP DC Gold HMO Plus 0/20/Dental	KP DC Gold DHMO Plus 1500/20/Dental	KP DC Silver DHMO Plus 2000/40/Dental	KP DC Platinum 500/10/Dental/Se l	KP DC Platinum 500/10/Dental/Se l
Plan ID (Standard Component ID):	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350021	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350015	94506DC0350014	94506DC0350023	94506DC0350022	94506DC0350026	94506DC0350027	94506DC0350016	94506DC0350017
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	2.00%																			
Historical Rate Increase - Calendar Year - 1	2.00%																			
Historical Rate Increase - Calendar Year 0	0.00%																			
Effective Date of Proposed Rates	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019	1/1/2019
Rate Change % (over prior filing)	-0.41%	3.93%	-4.71%	-0.97%	1.83%	4.50%	4.55%	3.92%	6.82%	6.43%	9.70%	12.77%	22.01%	16.30%	-0.41%	-4.71%	4.50%	3.92%	-0.41%	3.94%
Cum'lative Rate Change % (over 12 mos prior)	-0.41%	3.93%	-4.71%	-0.97%	1.83%	4.50%	4.55%	3.92%	6.82%	6.43%	9.70%	12.77%	22.01%	16.30%	-0.41%	-4.71%	4.50%	3.92%	-0.41%	3.94%
Proj'd Per Rate Change % (over Expir. Period)	2.22%	5.36%	0.90%	1.50%	8.28%	#DIV/0!	7.92%	9.50%	17.71%	15.75%	21.79%	32.94%	41.45%	37.52%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.22%	5.36%
Product Rate Increase %	2.20%																			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350021	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350015	94506DC0350014	94506DC0350023	94506DC0350022	94506DC0350026	94506DC0350027	94506DC0350016	94506DC0350017
Inpatient	\$26.04	\$53.14	\$55.62	\$44.71	\$46.95	\$48.29	\$49.33	\$48.62	\$44.77	\$46.09	\$45.78	\$46.28	\$46.21	\$48.96	\$55.27	\$46.50	\$51.31	\$46.96	\$55.80	\$58.40	
Outpatient	\$8.42	\$17.17	\$18.77	\$13.66	\$15.07	\$15.98	\$16.73	\$16.50	\$15.10	\$15.92	\$15.77	\$16.32	\$16.45	\$18.40	\$17.09	\$17.86	\$14.21	\$17.40	\$15.71	\$18.03	
Professional	\$8.66	\$17.63	\$26.13	\$7.28	\$14.64	\$19.63	\$23.97	\$23.69	\$21.01	\$25.23	\$24.62	\$28.52	\$31.50	\$41.11	\$34.90	\$18.34	\$7.57	\$24.93	\$21.85	\$18.52	
Prescription Drug	\$2.23	\$4.53	\$9.06	\$0.45	\$3.47	\$6.14	\$8.48	\$8.40	\$7.28	\$9.53	\$9.21	\$11.36	\$13.05	\$18.18	\$14.92	\$4.71	\$0.47	\$8.83	\$7.58		
Other	\$0.05	\$0.10	\$0.44	\$0.24	\$0.05	\$0.25	\$0.42	\$0.42	\$0.35	\$0.51	\$0.49	\$0.65	\$0.78	\$1.16	\$0.92	\$0.10	\$0.25	\$0.44	\$0.36		
Capitation	-\$0.01	-\$0.02	\$0.04	-\$0.08	-\$0.03	\$0.01	\$0.04	\$0.04	\$0.03	\$0.06	\$0.06	\$0.09	\$0.11	\$0.18	\$0.14	-\$0.02	-\$0.08	\$0.04	\$0.03		
Administration	-\$0.49	-\$1.00	-\$0.99	-\$0.90	-\$0.89	-\$0.88	-\$0.87	-\$0.86	-\$0.80	-\$0.79	-\$0.79	-\$0.77	-\$0.75	-\$0.73	-\$0.73	-\$1.04	-\$0.94	-\$0.91	-\$0.83		
Taxes & Fees	-\$1.59	-\$1.24	-\$3.20	-\$2.92	-\$2.89	-\$2.86	-\$2.82	-\$2.78	-\$2.58	-\$2.56	-\$2.55	-\$2.49	-\$2.41	-\$2.36	-\$2.35	-\$3.37	-\$3.04	-\$2.93	-\$2.68		
Risk & Profit Charge	\$44.17	\$90.17	\$88.95	\$81.20	\$80.32	\$79.40	\$78.35	\$77.17	\$71.61	\$71.18	\$71.03	\$69.23	\$67.03	\$65.54	\$65.48	\$63.78	\$64.44	\$61.48	\$74.48		
Total Rate Increase	-\$0.86	-\$1.86	\$16.91	-\$20.14	-\$3.94	\$7.16	\$16.94	\$16.86	\$13.56	\$22.81	\$21.56	\$30.73	\$38.11	\$59.17	\$46.08	-\$1.93	\$20.94	\$17.62	\$14.11		
Member Cost Share Increase	\$3.83	\$7.11	-\$11.04	\$25.48	\$3.18	-\$3.76	-\$13.78	-\$3.36	-\$14.29	-\$23.77	\$9.76	\$5.20	-\$32.62	-\$19.34	\$1.78	\$7.39	\$26.50	-\$14.33	\$14.86		
Average Current Rate PMPM	\$420.81	\$454.64	\$429.76	\$427.85	\$407.24	\$391.52	\$376.48	\$370.62	\$346.03	\$334.63	\$335.09	\$316.89	\$298.36	\$289.71	\$282.72	\$472.81	\$444.96	\$391.53	\$359.86		
Projected Member Months	48,056	3,027	3,027	1,542	1,542	1,542	1,542	1,542	778	778	778	778	526	526	526	3,027	1,542	1,541	778		

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350021	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350015	94506DC0350014	94506DC0350023	94506DC0350022	94506DC0350026	94506DC0350027	94506DC0350016	94506DC0350017
Plan Adjusted Index Rate	\$349.49	\$442.95	\$423.93	\$404.06	\$397.34	\$368.20	\$0.00	\$359.04	\$328.39	\$303.66	\$308.13	\$285.44	\$253.10	\$232.66	\$239.09	\$0.00	\$0.00	\$0.00	\$0.00	\$465.10	\$445.13
Member Months	79,185	7,262	7,262	9,766	1,839	2,582	0	1,271	636	1,962	976	296	691	203	0	0	0	0	0	6,578	276
Total Premium (TP)	\$27,232,262	\$3,132,246	\$791,332	\$3,842,447	\$711,523	\$925,722	\$0	\$444,355	\$280,374	\$586,127	\$292,837	\$82,271	\$170,309	\$90,846	\$47,260	\$0	\$0	\$0	\$0	\$2,975,461	\$119,620
EHB Percent of TP, [see instructions]	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%
Total Allowed Claims (TAC)	\$35,436,999	\$2,762,267	\$956,521	\$3,375,315	\$4,507,863	\$969,414	\$0	\$259,175	\$331,111	\$590,717	\$566,844	\$56,868	\$144,530	\$101,574	\$48,089	\$0	\$0	\$0	\$0	\$2,138,879	\$192,726
EHB Percent of TAC, [see instructions]	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%	98.45%
State mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%	1.55%
Allowed claims which are not the issuer's obligation	\$1,970,225	-\$122,279	\$38,131	-\$14,053	\$608,355	\$94,613	\$0	\$7,758	\$55,048	\$117,935	\$137,839	\$8,662	\$33,960	\$32,138	\$12,943	\$0	\$0	\$0	\$0	-\$129,178	\$11,699
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$33,466,774	\$2,884,546	\$918,391	\$3,189,368	\$3,899,508	\$874,801	\$0	\$251,416	\$276,063	\$472,782	\$429,005	\$48,206	\$110,560	\$69,430	\$35,146	\$0	\$0	\$0	\$0	\$2,268,057	\$181,027
Net Amt of Reim	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$1,517,892.38	-\$264,554.66	-\$69,836.31	-\$355,775.38	-\$66,994.77	-\$94,062.26	\$0.00	-\$46,302.53	-\$23,169.48	-\$71,475.66	-\$35,555.68	-\$10,783.28	-\$25,173.13	-\$14,608.43	-\$7,395.29	\$0.00	\$0.00	\$0.00	\$0.00	-\$239,345.10	-\$10,054.68
Incurred Claims PMPM	\$422.64	\$397.21	\$479.08	\$347.06	\$2,120.45	\$338.81	#DIV/0!	\$397.81	\$434.06	\$240.97	\$439.55	\$162.86	\$160.00	\$173.16	\$173.13	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$345.21	\$655.90
Allowed Claims PMPM	\$447.52	\$380.37	\$488.97	\$345.62	\$2,451.28	\$375.45	#DIV/0!	\$203.91	\$520.61	\$301.08	\$580.78	\$192.12	\$209.15	\$253.30	\$236.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$325.55	\$698.26
EHB portion of Allowed Claims, PMPM	\$440.60	\$374.49	\$491.25	\$340.27	\$2,413.35	\$369.64	#DIV/0!	\$200.76	\$512.56	\$296.42	\$571.80	\$189.15	\$205.91	\$249.38	\$233.23	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$320.52	\$687.48

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350004	94506DC0350021	94506DC0350005	94506DC0350025	94506DC0350006	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350015</
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Portion of above payable by RMS's funds on behalf of insured person, in dollars	\$0																			
Portion of above payable by RMS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total incurred claims, payable with issuer funds	\$23,148,194	\$1,542,337	\$1,522,849	\$712,437	\$705,277	\$697,759	\$689,210	\$679,548	\$319,989	\$318,226	\$317,577	\$310,177	\$203,520	\$199,430	\$199,270	\$1,600,127	\$738,945	\$714,326	\$331,785	\$1,614,574
Net Amt of Bein	\$0																			
Risk Adjustment Transfer Amount	-\$1,549,597	-\$97,608	-\$97,608	-\$49,723	-\$49,723	-\$49,723	-\$49,723	-\$49,723	-\$25,087	-\$25,087	-\$25,087	-\$25,087	-\$16,961	-\$16,961	-\$16,961	-\$97,608	-\$49,723	-\$49,691	-\$25,087	-\$97,608

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company      Kaiser Foundation Health Plan of the Mid-Atlantic

SERFF tracking number      KPMA-131465755

Submission Date      June 1, 2018

Product Name      Small Group

Market Type      ☐ Individual      ☒ Small Group

Rate Filing Type      ☒ Rate Increase      ☐ New Filing

### Scope and Range of the Increase:

The 0 % increase is requested because:

No rate increase for 2019

This filing will impact:

# of policyholder's 2,356

# of covered lives 3,472

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 0 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -6.9 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 22 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Individuals increases vary from the average rate increase (that is, the overall average increase) primarily because of plan specific changes and recognition of being a year older. On average, health costs increase with age.

### Financial Experience of Product

The overall financial experience of the product includes:

It is too early to predict accurately what the financial performance will be in 2018. At the time the premiums were set for 2018, Kaiser expected to have -2.6% of premium remaining after paying all expenses attributable to this portfolio.

The rate increase will affect the projected financial experience of the product by:

For 2018, Kaiser expects to have negative capital contribution of -35.12% of premium, after paying all expenses attributable to this portfolio.

### Components of Increase

The request is made up of the following components:

*Trend Increases* –            % of the 0       % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is            % of the 0       % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is            % of the 0       % total filed increase.

*Other Increases* –            % of the 0       % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is            % of the 0       % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is            % of the 0       % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is            % of the 0       % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is            % of the 0       % total filed increase.

5. Other – Defined as:

This component is            % of the 0       % total filed increase.

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP  
PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memorandum (Pages 2-7)
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	AM (Page 1)
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	AM (Page 1)
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	SERFF Rate Filing Submission Date
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	AM (Page 1)
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	AM (Page 1)
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	KPIF AM (Exhibit 12) SG AM (Exhibit 12)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	KPIF URRT SG URRT
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.</b>	Yes	Rate/Rule Schedule (Overall % Rate Impact)
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Rate/Rule Schedule
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Rate/Rule Schedule (Rate Review Detail)
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Rate/Rule Schedule (Rate Review Detail)
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for Maryland and the nationwide average rate history.	Yes	Unified Rate Review Template
14	Exposure	Current number of policies, certificates and covered lives.	Yes	DISB AM Dataset

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	DISB Actuarial Memorandum Dataset
17	Index Rate	Provide the index rate.	Yes	AM (Exhibit 1)
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	AM (Exhibits 1-13)
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	N/A	N/A
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Unified Rate Review Template and AM Exhibit 8
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Unified Rate Review Template, worksheet 2; and AM Exhibit 12

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	AM (Exhibit 12)
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	AM (Exhibit 13)
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	N/A	N/A
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Unified Rate Review Template, worksheet 2
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memorandum (Page 3)
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memorandum (Page 6)

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	AM (Exhibit 10)
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in Maryland, the loss ratio meets the minimum.	Yes	Actuarial Memorandum (Page 6)
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	AM (Exhibit 9)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
29.1	Reinsurance	Provide information on the Reinsurance contribution assumption, consistent with the national contribution rate for the projection period. In individual filings, provide information on the Reinsurance recovery assumption, consistent with the company's continuation table used in pricing. Provide previous year-end estimated reinsurance payable amount and quantitative support for the amount.	N/A	N/A
29.2	Risk Corridor	Does the company assume Risk Corridor charges or payments? If so, provide support. Provide previous year-end estimated risk corridor payable or receivable amount and quantitative support for the amount.	N/A	N/A
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	AM (Page 3)
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	AM (Page 5)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	AM (Exhibits 3 and 10)
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	AM (Exhibits 1-13)
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	N/A	N/A
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	KPIF AM (Page 9) SG AM (Page 9)

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	N/A	N/A
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	Supporting Documentation
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Supporting Documentation
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	Supporting Documentation
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Supporting Documentation

40	Additional Requirements for Stand-Alone Dental Plan Filings	<p>Provide the following for stand-alone dental plan filings:</p> <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	N/A	N/A
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**CERTIFYING SIGNATURE**

**The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.**

**John Xu**

**(Print Name)**

A handwritten signature in black ink, appearing to read "John Xu", written over a horizontal line.

**(Signature)**